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ABSTRACT

This trainee's manual is designed to assist those helping professionals responsible for the vocational rehabilitation of drug abusers, including counseling, job development, and job placements. The learning modules focus on the following areas of concern: (1) client assessment, treatment planning, vocational guidance and counseling, and ancillary support services; (2) the role of the vocational rehabilitation specialist in the rehabilitation process; and (3) the employment problems faced by the drug abusing client. Workshop guidelines and time schedules are provided as well as an appendix section on a general overview of psychometric tests. The methodology of the training program is based on information sharing through a balance of lecture presentations and experiential activities such as role playing, skill development, and group discussion. (Author/HLM)

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VOCATIONAL REHABILITATION IN THE TREATMENT SETTING

Trainee's Manual

by

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VOCATIONAL REHABILITATION IN THE TREATMENT SETTING

Course Description

PURPOSE	The curriculum is designed to-- ● increase knowledge and skills in vocational rehabilitation of drug abusers; ● help clarify trainees' roles as vocational rehabilitation specialists; ● help trainees define the program support necessary to perform their jobs effectively.
AUDIENCE	This course is directed toward personnel in drug treatment and rehabilitation programs whose major responsibilities are vocational rehabilitation counseling, job development, and placement. (The course is not intended for counselors at the Master's level in vocational rehabilitation counseling, although some aspects of the course may be useful for this audience.)
NUMBER OF TRAINEES	10 to 20
CONTENT	Learning modules focus on-- ● client assessment, treatment planning, vocational guidance and counseling, and ancillary support services; ● the role of the vocational rehabilitation specialist in the rehabilitation process; ● the drug abusing client and the employment problems he faces.

VOCATIONAL REHABILITATION IN THE TREATMENT SETTING

Course Description (continued)

METHODOLOGY	Information is shared through a balance of lecture presentations and experiential activities such as role play, skill development, and group discussion.
MATERIALS REQUIRED	One set of trainee materials for each trainee One trainer's manual for each trainer Two videotapes: "Lifestyle Interview" and "Contracting and Goal Setting" Testing materials (optional)
EQUIPMENT	One ½ inch videotape deck and monitor Flip chart pads and easel Felt-tipped markers
TRAINER REQUIREMENTS	Knowledge of course content and laboratory training experience is required for all trainers. The training team should consist of a minimum of one trainer-resource expert and three to four experienced group trainers. If a content expert is unavailable, experienced trainers who prepare by reading all course materials can conduct the course adequately.
FACILITIES NEEDED	A large-group meeting room Small-group work areas
TIME REQUIREMENTS	5 days (48 hours)

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COURSE OVERVIEW

This program is a five-day training experience for specialists* who provide vocational rehabilitation services to drug abusers in residential or outpatient treatment programs.

This is an introductory program designed to:

- increase participants' understanding of vocational rehabilitation both in general and specifically as it relates to the drug abuser;

- help participants clarify their roles as vocational rehabilitation specialists, identify the type of program support they need, and determine what skills they should develop to perform their work.

The curriculum has been broken down into several areas. 1) the phases of the vocational rehabilitation process--client assessment and treatment planning, vocational guidance and counseling, and ancillary support services; 2) the role of the VR specialist in the rehabilitation process; and 3) the drug abusing client and the problems he faces in becoming vocationally rehabilitated.

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*The VR specialist is defined here as any person performing vocational rehabilitation services who has not had specialized training at the Master's level in Vocational Rehabilitation Counseling. It is assumed that these workers are supervised by trained counselors.

Following is a brief description of each area of the curriculum.

THE VOCATIONAL REHABILITATION PROCESS (MODULE 1)

The vocational rehabilitation process has as its final goal the placement of the client in a gratifying employment situation. Gratification has to do with salary, atmosphere, type of work, and opportunity for the client to experience positive feelings about himself. Arriving at this result requires a sensitive assessment of the client, as well as job development and placement activities that will make the best possible match between the client's skills and interests and the employer's needs. (There are, however, other necessary considerations in the vocational rehabilitation process.)

Planning, guidance, careful exploration of several types of work, dry-run interviews, and support after placement will help to develop and sustain within the client the notion that work may have intrinsic gratifications, that it is not only a means to an end.

THE SPECIALIST (MODULES 2 AND 12)

This part of the course helps trainees examine their roles against a typical job description. The skills and information necessary to perform in the role of the VR specialist are isolated, and trainees are assisted in determining their needs for training in those areas. A self-directed workbook helps trainees to assess themselves in relation to their performance, and their programs in relation to the quality of service delivered. The workbook also contains a section that guides the trainee through the steps of the planning process: setting goals, designing an evaluation plan, and other planning activities that will help trainees highlight and resolve problems in their programs.

THE DRUG ABUSER AS CLIENT (MODULES 3 AND 8)

Understanding the nature of the client is essential if the specialist is to facilitate the client's entry into the straight world of work. The specialist must be aware of the psychological and social characteristics of drug dependency syndromes and the particular vocational problems that may be expected to arise in the course of treatment.

A basic knowledge and awareness of the drug abuser's lifestyle and culture will enable the specialist to have a reference point as he works with the client. The severity and chronicity of drug dependence can be frustrating and defeating for both client and specialist. Therefore, a specialist who is aware of possible problems is better prepared to deal with both his feelings of frustration and defeat and those of the client.

CLIENT ASSESSMENT AND TREATMENT PLANNING (MODULES 4, 5, 6)

The cornerstone of any helping process is the intial assessment and the contract agreed upon by client and specialist.

Assessment is a systematic procedure in which the vocational rehabilitation specialist collects information about and from the client in order to develop a comprehensive rehabilitation plan. It is important to use specific social history information and to establish a contract that reflects the end goal of the individual client. This process allows the specialist to establish with the client a plan that makes clear the extent to which the client has developed or needs to develop vocational skills, knowledge, work habits, values, and specific interpersonal skills necessary to achieve the desired outcome.

The specialist must also learn to focus on the obvious (for example, the ways in which the drug abuser made it "on the street") as a means of uncovering existing skills and knowledge.

The assessment phase breaks down into three essential tasks, with discrete skills for each: interviewing, evaluating information, and using the information to develop the contract and the rehabilitation plan.

The modules dealing with this phase have a twofold purpose:

1. They focus on the kind of information that needs to be collected from the client and significant others, such as:
    a. What the client wants to do
    b. What salable skills the client already has

c. What attitudes and values the client holds toward work

d. What the client's motivation is toward different kinds of work

e. What discrepancies exist between what the client wants (or does not want) and what he is ready to do

2. These modules present the formal and informal interview as a means for establishing a relationship, collecting information, and generally assessing the client's needs. The importance of the verbal and nonverbal discrete behaviors exhibited by the specialist that contribute to a supportive, nonthreatening interview situation and achievement of the specialist's goals is emphasized.

VOCATIONAL GUIDANCE AND COUNSELING (MODULES 7 AND 8)

This aspect of the curriculum focuses on the role of the specialist and how he moves the client from the initial assessment phase toward placement. The goal is to present a cognitive overview of the guidance and counseling function. An overview is also presented of the social and vocational problems experienced by the rehabilitating drug abuser.

The modules that deal with this phase focus on--

1. guidance as a process of continuous goal setting and problem solving;
2. relationship building for personal support and encouragement;
3. teaching life skills (e.g., interpersonal skills, employee skills, budgeting, banking, diet planning, etc.);
4. identification of job and/or training options;
5. identification and referral for support resources (e.g., public assistance, family counseling, unemployment compensation, etc.).

THE ANCILLARY SUPPORT SERVICES (MODULES 9, 10, 11)

This aspect of the curriculum focuses on support services performed with the client and on his behalf. The VR specialist must perceive this function as imperative if the VR process is to be concerned with the total functioning of the individual. This course supports the notion that without ongoing supportive services as an integral part of the treatment and rehabilitation process, successful client rehabilitation is unlikely. Attention is given to--

1) adequate job development policies and procedures;

2) provision of alternative kinds of skill training and one-of-a-kind, unusual job placements;

3) highly developed support programs that prepare clients for entry into the labor market by focusing on the psychological components of job readiness, job satisfaction, and work adjustment;

4) careful attention to client life-skills development.

It is this aspect of any program concerned with total rehabilitation that must be the most creative, innovative, and responsive to individual client needs. The fact that follow-up and other support services tend to be of lowest priority in most drug treatment programs probably accounts for the apparent lack of success and high recidivism rates.

The modules within this functional area will address the following:

1. Job development from a strategic and tactical point of view. The specialist is assisted in developing planning strategies for job development (e.g., projecting needs, setting goals and objectives). Specific tasks, such as employer education, contacting and using specialized agencies, building a community relations program to maintain interest and commitments, developing "alternative" and one-of-a-kind jobs, and building systematic resource files will be discussed. Specialists are also

helped to recognize similarities between job development skills and salesmanship. They will have experience in selling in face-to-face interviews.

2. The issues dealing with preparation of the client as well as the employer. Assessing the psychological readiness of the client to move into a job and designing a plan to respond to those areas in which he seems unprepared are parts of placement planning (e.g., assessment of situational needs such as transportation, wardrobe, stipend, tools, on-the-job training, etc.). Anxiety about initial interviews and fantasies related to the fear of failing are explored.

3. Follow-up of work adjustment and personal life adjustment as the client enters a job and becomes either partially or totally independent of the treatment facility. This transition means in some instances, as with a therapeutic community, that the client must adjust to a new set of work and living arrangements. Despite preparatory training, the new environment and living arrangements may hold unfamiliar and disturbing elements. Intensive post-employment counseling services are seen as critical

to work adjustment and to the long-term rehabilitation of the client. This module on postplacement follow-up emphasizes--

a) methods of collecting information about and from the client, and how to use that information for current and future planing;

b) supportive counseling (e.g., dealing with anxiety, use of leisure time, problems relative to personal and work adjustment);

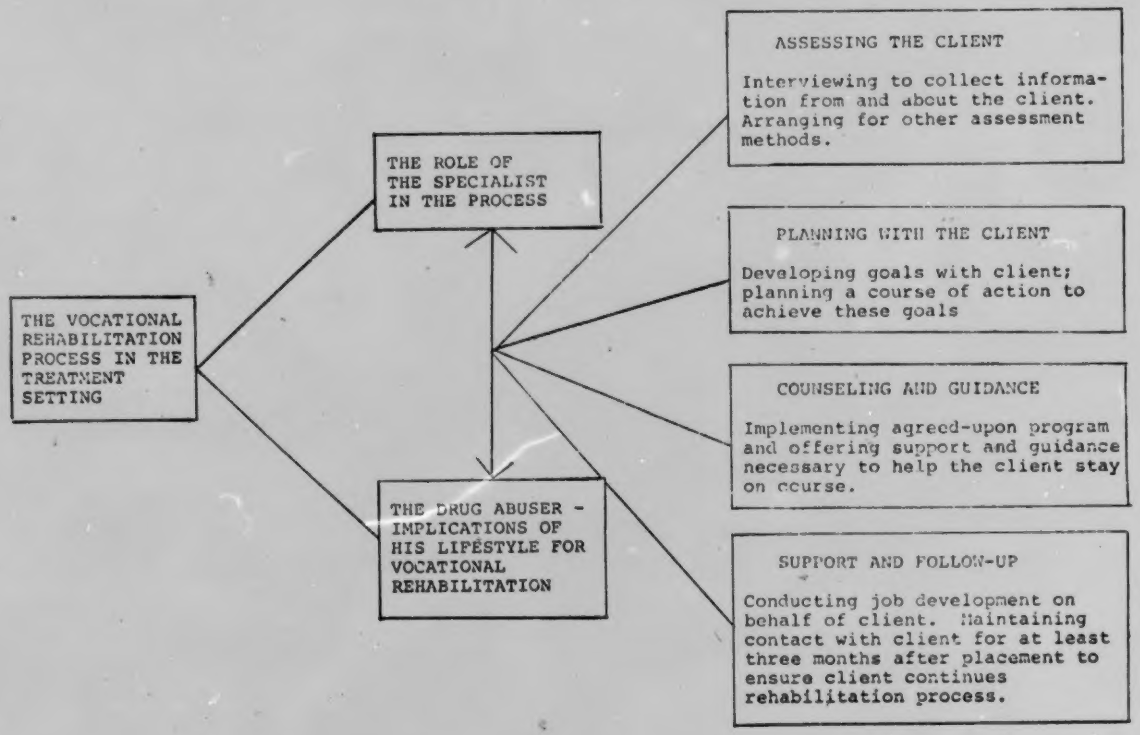
c) employer evaluation and client advocacy;

d) future planning in training, education, job advancement, and vocational change;

e) record keeping for effective planning.

The following is a schematic representation of the course as it relates to the preceding discussion.

THE PROCESS, THE SPECIALIST, THE CLIENT: OVERVIEW OF THE COURSE


THE VOCATIONAL REHABILITATION PROCESS IN THE TREATMENT SETTING
THE ROLE OF THE SPECIALIST IN THE PROCESS
THE DRUG ABUSER - IMPLICATIONS OF HIS LIFESTYLE FOR VOCATIONAL REHABILITATION
ASSESSING THE CLIENT
Interviewing to collect information from and about the client. Arranging for other assessment methods.
PLANNING WITH THE CLIENT
Developing goals with client; planning a course of action to achieve these goals
COUNSELING AND GUIDANCE
Implementing agreed-upon program and offering support and guidance necessary to help the client stay on course.
SUPPORT AND FOLLOW-UP
Conducting job development on behalf of client. Maintaining contact with client for at least three months after placement to ensure client continues rehabilitation process.

SCHEDULE

VOCATIONAL REHABILITATION IN THE TREATMENT SETTING: AN OVERVIEW

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
	UNIT I	UNIT II	UNIT III	UNIT IV	UNIT V
	8:30 - 9:30 Module 1: The Process 9:30 - 1:00 Module 2: The Specialist	9:00 - 1:00 Module 4: Principles of Effective Interviewing	9:00 - 12:30 Module 6: Contracting and Goal Setting	8:30 - 12:30 Module 9: Job Development	9:00 - 12:00 Module 12: Individual Problem Identification and Action Planning
1:00 - 2:00 Registration Pretesting 2:00 - 5:00 Orientation Course Overview Climate-Setting Activities	1:30 - 5:30 Module 3: Understanding the Client	1:30 - 5:00 Module 5: Assessment and Vocational Choice Models	1:30 - 5:30 Module 7: Introduction to the Counseling Relationship	1:30 - 4:00 Module 10: Job Placement 4:00 - 5:00 Module 11: Postplacement Follow-up	1:30 Posttraining Activities Evaluation and Feedback
			7:00 - 10:00 Module 8: Problems of the Rehabilitating Drug Abuser		

THE VOCATIONAL REHABILITATION PROCESS

I. Description of the VR process

  A. Assessment of client's readiness (for employment)

  B. Guidance of client through preparation for employment

  C. Support for client during placement

  D. Follow-up of client after placement

  E. The specialist's responsibilities

    1. Setting goals with client

    2. Facilitating personal and social adjustment

    3. Making referrals

    4. Developing jobs

    5. Making placements

    6. Providing support and follow-up

II. Work and society

  A. Value of work in American society

  B. Value of work to individual self-image

  C. Importance of gratification from work

  D. Problems encountered by ex-addicts adjusting to work

III. Vocational rehabilitation process model

  A. Operations required for effective vocational rehabilitation

  B. Assessment

C. Guidance

D. Possible courses of action

  1. Vocational training
  2. Personal adjustment training
  3. "Sheltered," or modified, employment
  4. Social rehabilitation

E. Support

  1. Job development
  2. Placement
  3. Follow-up

IV. Summary

THE VOCATIONAL REHABILITATION PROCESS

INTRODUCTION

Vocational rehabilitation is the process in which a disabled person is assisted by one or more specialists in getting the training, education, and counseling needed to make the personal and social adjustments necessary to enter a vocation. The necessary adjustment requires that the client make his values and aspirations compatible with a system that emphasizes responsible, paid employment as a measure of acceptance and approval. This adjustment is particularly crucial for the drug abusing client. In order to assist a client in this adjustment, a VR specialist must be able to assess the client's aspirations, values, needs, and abilities. He must then be able to guide the person through the process of training, planning, referral, and job hunting. He must support the client through job development and placement, and, finally, follow up with the employer and client. Vocational counseling is the process through which these functions take place.

Clients are often able to learn new attitudes and appraise assets and liabilities with respect to vocational realities without requiring major personality restructuring. In these cases, psychotherapy is not needed. In any event, psychotherapy is not a function of the VR specialist.

Psychotherapy may be needed in some measure, but vocational planning, not psychotherapy, is the primary orientation of the process. The vocational counselor is the reinforcing agent, facilitator of client activity, resource person, and "expert" on techniques for discovering information relevant to vocational planning. Although the VR specialist may work with a client on a number of problems, he is primarily concerned with the vocational rehabilitation of the client. This is an important consideration to keep in mind, because in drug treatment facilities role boundaries between vocational and therapeutic counselors are often ill-defined.

The VR specialist must be able: 1) to establish a contract with the client, specifying the goals that they are working together to achieve; 2) to guide, facilitate, and counsel the client in making personal and social adjustments that prepare him for work; 3) to make appropriate referrals for services that are unavailable within the program; 4) to develop jobs; 5) to make placement referrals to employers; and 6) to provide supportive services, such as follow-up counseling, that help the client sustain himself once he is employed.

WORK AND SOCIETY

Pertinent to any discussion of the vocational rehabilitation process is the meaning of work in our society. It is important that the vocational specialist understand why people work, for his goal is the vocational adjustment of his clients; all of his activities are directed toward this goal.

Ours is a strongly work-oriented society; the ability to perform in paid employment is used as an important indicator of personal worth. Although one's ability to secure and maintain a job is one of the ways society identifies those who are acceptable and those who are not, we know that simply receiving a paycheck is not sufficient gratification. If paid employment were the only requirement for suitable work, then the VR specialist would not need to consider such factors as a client's interest, aptitudes and the conditions conducive to satisfaction with his job. On the contrary, he would need only to find or create jobs his client could do and that would provide the client with the essentials of living. The client's emotional needs or needs for personal satisfaction would not be considerations.

However, people are happiest and most productive when performing work that fulfills their psychological needs and provides them with the material necessities. Work, as a way of life, is one of the ways in which Americans find social acceptance and a personal internal sense of themselves as "worthwhile." When, for any reason, the individual is unable to get or keep a job, he is threatened by a lack of social acceptance, poor self-concept, and all the possible reactions that result from feeling unaccepted (or unacceptable) and worthless.

What is work then, if it is more than just earning a salary? David Steinberg (1971) describes his perception of work in the following thoughts.

> Working and growing stand very close together. Perhaps they are completely synonymous. At least I can't think of how to do one without the other.
>
> For the lawnmower, the opposite of working is being broken. And for part of me that's also true. My work is a sign of where I am. When I'm broken, I don't work.

Until clients of drug treatment and rehabilitation programs begin to move toward the societal ideal of gainful employment, hence social acceptance and elevated self-esteem, they will continue to be "broken"--perpetual recidivists. Unless the treatment and rehabilitation process with drug abusers includes an intentional, clearly defined, skillful effort of reeducation and skill training in preparing the client psychologically and physically to enter the world of work, the rehabilitation process is incomplete and meaningless. It is meaningless if it does not facilitate the drug abuser's abstinence from drugs and the acceptance of himself as an independent, self-reliant member of society.

Staying straight is doubly difficult for the minority ex-addict who is, first of all, affected by his minority status, secondly, stigmatized as an ex-addict, and, thirdly, probably unaware of the values and work skills necessary to make the adjustment to a regular life. The rate of recidivism for this population will continue to be excessively high unless treatment programs take more seriously the need for systematic planning to meet the vocational needs of clients.

Merely considering vocational needs may not be enough, and it is at this point that the counseling and guidance function that operates in any good rehabilitation program must take over. Helping the client develop a genuine appreciation of himself as a worker may be a difficult task. This is especially true for those clients who have not had experiences that would lead them to believe that there are intrinsic satisfactions to be derived from the work experience.

The VR specialist need not believe that the work ethic is viable, but he should accept that it exists. Despite philosophical arguments pro and con, the value of paid employment is an end result of the vocational rehabilitation process. This course is based on the assumptions that: 1) given the preparation and opportunity for a successful work experience, most people would prefer full or part-time paid employment to the "hassle" of criminal activity or public assistance; 2) the majority of people are capable of and suitable for some form of work activity (work activity is not defined by the middle-class concept of a traditional nine to five job, but rather by any paid activity performed full or part-time, suitable to the individual's psychological needs and interests); and 3) the VR specialist must be able to help a client discover what he or she is interested in and capable of doing for wages by being aware of traditional employment opportunities as well as alternatives that suit a client's life experiences, preferences, etc. There is often such a disparity between the employment qualifications and social profile of the typical inactive addict (criminal record, lack of education, scanty work history and minority group status) and the needs of the employer that the VR specialist must be extremely imaginative and tenacious in preparing and securing actual employment for the client.

A VOCATIONAL REHABILITATION PROCESS MODEL

Hugh Ward in Employment and Addiction: Overview of Issues (1973) describes the problems of inactive addicts and employment by defining several elements that have contributed to the "lag" between treatment and total rehabilitation of clients in drug programs. These relevant factors are: 1) that the perspectives of agencies and individuals involved in treatment programs are so diverse that nobody feels responsible for the employment issue, and 2) there is the mistaken belief that if addicts are rehabilitated, employment will be taken care of automatically.

Recently the Joint Commission on Accreditation of Hospitals published Standards for Drug Abuse Treatment and Rehabilitation Programs (JCAH, 1975). Developed in conjunction with specialists in the drug abuse field, the document establishes principles that drug programs should strive to meet.

The following model for vocational rehabilitation services in drug treatment and rehabilitation programs parallels the standards established by the JCAH (1975). A strong commitment of manpower, time, and funds from the program is required to implement this aspect of drug rehabilitation treatment. The program must also define its success in terms of the vocational adjustment and gainful employment of its graduates. If a program does not have the resources for vocational services, responsibility should be delegated to an outside agency. However, the agency should assign a specific individual to serve as coordinator of the program's vocational rehabilitation component.

This model presumes that the VR specialist is a fully integrated and valued member of the treatment team from the moment of the client's entrance into the rehabilitation process. Often the vocational counselor or specialist is included only after the client is believed to "have his head together," which may be a month or less before his anticipated exit from the program.

The vocational rehabilitation process model presented here has been specifically tailored for the vocational rehabilitation specialist. It is assumed that he is working with a trained counselor,* and does not have the responsibility for psychological or vocational testing or for test interpretation.

The vocational rehabilitation process is a planned, orderly sequence of services related to the total needs of each client.

To achieve this--

- action must be based upon adequate assessment information that has been accurately and realistically interpreted;
- each client must receive services that are guided by a sound plan agreed to by both client and specialist;
- each service must be rendered thoroughly and systematically, and followed up;

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* Master's level vocational rehabilitation counselor or other professionally trained counselors

- the guidance and counseling process is the vehicle through which a therapeutic climate is established, making it possible to render vocational services;
- adequate records must be kept for effective administration and evaluation of client services.

The process begins with a client's entry into a treatment and rehabilitation program (after detoxification, if needed), and ends with his successful adjustment to a job.

The Assessment Function

The cornerstone of any helping process is the initial assessment and contract established between the client and counselor.

Assessment is a systematic procedure in which the vocational rehabilitation counselor collects information about and from the client in order to develop a comprehensive rehabilitation plan, a contract reflecting the end goal of the individual client once he has been rehabilitated. This plan should consider the extent to which the client has developed or needs to develop skills, knowledge, work habits, values, and interpersonal skills in order to achieve the desired outcome.

The client may require specialized services that are not available within the program. The vocational rehabilitation specialist may draw on resources such as the State Department of Vocational Rehabilitation or the Department of Employment Services, both of which may be used for special testing and more sophisticated vocational evaluation.

The Guidance Function

Vocational rehabilitation counseling is a process in which the specialist thinks and works in a face-to-face relationship with a disabled person in order to help him understand both his problems and potentialities and to carry through a program of adjustment and self-improvement with the goal of making the best possible vocational, personal and social adjustment.

There are, however, some conflicts in the field as to whether or not the function of the vocational rehabilitation specialist is primarily that of counseling or the coordination of services. The point of view here is that the counseling relationship is the vehicle through which the client is enabled to 1) examine his vocational and social deficiencies, 2) take necessary risks toward making life changes, and 3) accept services. Therefore, the primary concern of the vocational rehabilitation specialist is the establishment of a trusting, goal-oriented, facilitative relationship with the client that will allow them both to make and follow through on vocational plans leading to the client's vocational, personal and social adjustment.

The guidance and counseling function performed by the vocational specialist in the treatment setting involves the following processes:

- Contracting, continuous goal-setting, and problem solving
- Relationship-building for personal support and encouragement
- Teaching or building on existing life skills , such as interpersonal skills, work habits, survival skills (budgeting, banking, avocational interests, personal time management, etc.)
- Identification of vocational options
- Identification of and referral for support resources, e.g., public assistance, family counseling, unemployment and workman's compensation
- Client follow-up
- Careful record keeping
- Collaboration with other staff in the program so that there is continuity in services delivered to the client

Once the client's problem areas are identified and his goals are established, several courses of action are available:

- Vocational Training. If a client needs to develop salable job skills, vocational training may be needed. The client should be involved in the selection of a field for training. The specialist should be reasonably sure, however, that there is a job market for the skills that the client is being taught.
- Personal Adjustment Training. The client may need to develop and improve social skills that will help him get along with fellow employees and relate to a supervisor. He needs to learn to get to work on time, and to acquire essential work habits.
- Sheltered or Modified Employment. The client may have to begin his rehabilitation in a sheltered setting. Demands on him will be made gradually. Pressures will increase slowly until it is clear that the client can function in a conventional work setting.
- Social Rehabilitation. Here the stress is on improving interpersonal relationships so that the client will learn to trust others, to control his hostility, and to deal with negative feedback.

These concerns may be addressed during individual or group counseling sessions, depending upon which setting meets the needs of both client and specialist.

The Support Function

The support function is defined as those services that are provided for the client when he is job-ready--vocationally, socially and psychologically. Support includes job development, job placement, and follow-up. Without ongoing supportive services as an integral part of the treatment and rehabilitation process, the probability of successful client work-adjustment is questionable. For example, the types of supportive activities that are responsive to the client's needs are:

- Adequate, creative, and realistic job development policies and procedures
- Provision of alternative kinds of on-the-job training and unusual job placements as well as the more traditional placement and training opportunities
- Highly developed support programs that prepare clients for entry into the labor market by focusing on the psychological components of job readiness, job satisfaction, and work adjustment
- Careful attention to the client's conventional life-skill development

The low priority given to support and follow-up services in most drug treatment programs may be one factor contributing to the apparently high recidivism rates.

The functional support areas are the following:

- Job Development. This is a systematic process for creating future job opportunities based on projected program needs and individual client needs.

  It encompasses employer education, contacting and using specialized agencies, building a community relations program to maintain interest and commitments, developing alternative and one-of-a-kind jobs, and building systematic resource files.

- Placement. Here we are dealing with preparation of the employer as well as the client. Assessing the psychological readiness of the client to move into a job and designing a plan to respond to those areas in which he seems unprepared are a part of placement planning. Assessment of situational needs (transportation, wardrobe, stipend, tools, on-the-job training, etc.), recognition of anxiety about the initial interview or "fear fantasies" about failing are the concerns dealt with during placement.

Follow-up

Follow-up concerns work adjustment and personal life adjustment as the client prepares to leave the treatment facility and become totally independent. This transition means that the client must adjust to a whole new work and living situation.

Despite preparatory training, the new environment and living arrangements may have unfamiliar and disturbing elements for the client. Intensive postplacement counseling services are critical to the work adjustment and long-term rehabilitation of the client.

Supportive counseling in this area may include:

- Performing follow-up (collecting information about and from the client and use of that information for current and future planning)
- Supportive counseling (dealing with anxiety, use of leisure time, problems that surface relative to personal work and work adjustment)
- Employer evaluation and client advocacy
- Future planning for training, education, job advancement, and vocational change
- Record keeping for effective planning

SUMMARY

To be effective, any drug abuse treatment and rehabilitation program must include a comprehensive vocational rehabilitation effort, complete with realistic goals and objectives. This effort includes assessment of the client's situation and needs, guidance through a difficult period of adjustment, support during the job-ready period, follow-up after placement, and all of the tasks included in these four major areas.

REFERENCE LIST

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Module 2
Resource Paper
Topic Outline

THE VOCATIONAL REHABILITATION SPECIALIST

I. Vocational rehabilitation defined

   A. Finding employment for client through

      1. Assessing client's aspirations

      2. Guiding client to goals

      3. Supporting client through placement

      4. Following up with employer and client

   B. Importance of good placement

II. Primary functions of the vocational rehabilitation specialist

   A. Planning and program development

   B. Counseling and problem solving

   C. Client assessment

   D. Educational and occupational planning

   E. Referral

   F. Staff counsulting

   G. Community relations

   H. Job development

   I. Job placement

III. Information needed by the vocational rehabilitation specialist in the rehabilitation process

A. Specialized services
B. Vocational evaluation
C. Vocational training
D. Personal adjustment training
E. Sheltered employment
F. Social rehabilitation
G. Placement
H. Follow-up

THE VOCATIONAL REHABILITATION SPECIALIST

INTRODUCTION

Many treatment programs do not have an individual designated to perform vocational counseling. Instead, a treatment counselor must often perform this role in addition to myriad other duties. In order to provide this important service to clients, the specialist must be aware of the vocational rehabilitation process and the specific role that he plays. The following description represents the role and functions of the VR specialist in a treatment program. It presents definite standards upon which specialists can pattern their approach.

In Module 1 we defined the vocational rehabilitation specialist as a staff person who provides vocational counseling under supervision of a treatment counselor (program director, etc.) or a vocational rehabilitation counselor. A master's degree in vocational rehabilitation is not a prerequisite for the specialist's role.

The specialist's primary responsibility is to facilitate the client's entry into the working world. Through vocational counseling he helps the client move toward finding meaningful employment that will enable him to become an independent and productive member of society. To achieve this goal, the vocational rehabilitation specialist concentrates on specific functions that include assessment of the client's needs, abilities and values; counseling through the job planning and hunting process; support during job placement; and follow-up after employment is established. The vocational rehabilitation specialist is a reinforcing agent, a resource person, and an "expert" on techniques for discovering data relevant to vocational planning. Because of the numerous essential services performed, the inclusion of the vocational rehabilitation specialist early in the client's treatment is an important consideration.

The vocational rehabilitation specialist may be tempted to find employment of any kind for his client in the hope that this will satisfy the client's needs and perhaps satisfy his own supervisor's need for accountability. Although this is an important function, the specialist must recognize that mere placement in a paying job may not, in fact, meet the needs of the client.

The jobless individual may see job placement as paramount among his needs; however, a poorly placed person is often, ultimately, an unsatisfied person--one who, albeit employed, will soon be seeking an escape from an unsatisfactory way of life. Further, if the emphasis is on finding work, any kind of work, there is the risk of ending up in a dead-end job. It is the counselor's responsibility to couple the challenge of the client's immediate need for gainful employment with continued counseling aimed at retraining for higher skill levels. The client then is employed and equipped to make more appropriate and satisfying vocational choices.

Other concerns such as community relations and program development are also important to the specialist seeking to do a thorough job, though they may not seem directly related to client services.

PRIMARY FUNCTIONS OF THE VR SPECIALIST

Major functions of the VR specialist in the helping relationship with the client include the following:

- Planning and Program Development
- Counseling and Problem Solving
- Client Assessment
- Educational and Occupational Planning
- Staff Consulting
- Community Relations
- Job Development
- Job Placement

Planning and Program Development. Before any one of these activities can be undertaken, cooperative planning by the entire staff must be implemented. Planning and program development may also include input from the community and agencies cooperating in formulating the program's objectives. It is imperative that the objectives of the program, as well as procedures for meeting the objectives, be clearly defined and stated.

The vocational rehabilitation specialist's role in this planning process is to--

- assist in defining objectives of the vocational rehabilitation program;
- identify needs of clients;

- assist in developing plans and procedures;
- evaluate the planned program.

Counseling and Problem Solving. This is the primary mechanism for building trust with the client, for obtaining information about the client, for establishing a contract and goals with the client, and ultimately for assisting the client in maintaining suitable employment.

During vocational counseling, the specialist builds on treatment counseling. In order to do this the specialist--

- reinforces the client's efforts to understand and accept himself;
- assists the client in exploring and understanding his own values and attitudes related to work;
- provides the client with objective information about himself that relates to his preparation for work;
- provides new information about the environment to the client;
- assists the client in establishing goals, solving problems, and making plans.

Client Assessment. This function may be shared by the intake worker (or assessment specialist) and others. Particularly in programs that use other existing agencies, such as the State Department of Vocational Rehabilitation Employment Services for client assessment, the VR specialist is the coordinator of such services for the client. The DVR, for instance, can provide general and specialized aptitude, vocational interest, and psychological testing and many other services. Background data, standardized testing results, academic records, results of conferences with others, and other data about the client are shared with the client for his use.

The vocational rehabilitation specialist--

- coordinates the compilation of useful data about the client;
- maintains records about the client;
- interprets information for the client in a manner acceptable to him;
- assists the client, through personal interviews, in gathering further information about himself for self-understanding and decision making.

Educational and Occupational Planning. Distinctions between short-term goals, mid-range goals, and long-term goals must be made with the client, but the VR specialist must bear in mind that his perception of time may differ from the client's. It is crucial that intelligent planning for the client's educational or occupational goals be conducted for and with the client. People are not static, so that the growth and changing needs of the individual must be considered while conducting such planning.

The vocational rehabilitation specialist--

- relates the client's interests, abilities, aspirations, and experiences to both current and future educational or occupational opportunities;
- assists the client in understanding procedures for applica-

tions and job interviews;

- keeps abreast of specialized job programs and training opportunities in his area;
- describes current educational and occupational opportunities. (This may involve group programs, goal-oriented group sessions, or other methods of communication.)

Referral. The VR specialist has a major responsibility for making and coordinating referrals to agencies outside the treatment agency and to special service departments within the agency. The VR specialist, therefore, must be knowledgeable of the various services available to the client, and must make sure that contacts with service providers are established and maintained.

The vocational rehabilitation specialist--

- maintains close working relationships with referral sources and outlets, e.g., state department of vocational rehabilitation, state department of employment security, department of social services, family services agencies;
- establishes referral procedures where applicable;
- maintains follow-up of referrals.

Staff Consulting. The specialist works closely with other members of the treatment program in order to maximize services to the client.

The vocational rehabilitation specialist--

- shares appropriate client data with staff;
- represents his client at case conferences and participates in staff training programs and meetings;
- provides staff with valuable information about the needs of clients.

Community Relations. The treatment program has the responsibility of interpreting its services to the community. The VR specialist can partially accomplish this by maintaining contacts with other agencies that can serve his clients. Much of this work may be performed on an informal or personal basis.

Job Development. Although this responsibility may belong to another specialist, job development could be the duty of the VR specialist. It requires a great deal of work--both in person and on the phone--to establish a pool of job resources for clients. Patience, diplomacy, persistence, and resourcefulness are essential characteristics for a successful job developer.

Placement. This responsibility is crucial and involves many of the services already mentioned. The VR specialist must ensure that an appropriate placement is made, one that will satisfy not only the immediate need for gainful employment, but also the clients' more deeply felt personal needs for dignity, self-sufficiency, productivity, and self-esteem. Placement is not necessarily restricted to job placement; it also refers to finding educational programs for the clients that will better equip them for jobs.

INFORMATION NEEDED BY THE VR SPECIALIST IN THE REHABILITATION PROCESS

In the preceding section, we discussed the various activities (components) of the rehabilitation process. This section will review a series of questions that the VR specialist needs to consider about the needs of the client. The answers to these questions may, in fact, dictate the appropriate treatment or rehabilitation plan.

At this time the counselor must be sensitive to what his client is requesting. That means paying attention to both stated and implied goals and needs. He must observe the client's behavior and determine how to make the best use of the client's existing skills, attitudes, and aspirations while discouraging negative or maladaptive behaviors. He must also be aware that readiness for vocational planning or employment differs widely from client to client.

Specialized Services. Is special testing necessary? Are physical handicaps present? Is psychiatric intervention necessary? Is hospitalization required? If any of these services seem necessary, the specialist must discuss them with his client and his supervisor to agree on the best methods for implementing the services.

Vocational Evaluation. The specialist needs a complete picture of the vocational background of the client. Vocational exploration may be necessary. Interest and aptitude testing may be appropriate. The following types of testing are usually available through the State Department of Vocational Rehabilitation: personality tests such as the Minnesota Multiphasic Personality Inventory; intelligence tests such as the Wechsler Adult Intelligence Scale (WAIS); and vocational tests such as The Kuder Occupational Interest Survey (KOIS), The Strong Vocational Interest Blank, The Differential Aptitude Tests (DAT) and the General Aptitude Test Battery (CATB).

Vocational Training. Many clients will not have salable job skills. If vocational training is suggested, the specialist must be sure that the client understands the length and demands of such training. Is remuneration part of the training? Will a job be available upon completion? What is the labor market outlook for that kind of job?

Personal Adjustment Training. The client may have to learn to get along with fellow employees and to relate to a supervisor. He may need to learn to get to work on time as well as to acquire the work habits essential to the job. The specialist must be aware of each client's adjustment needs and ensure that the most appropriate program is undertaken.

Sheltered Employment. If the client must begin his rehabilitation in a sheltered setting, the VR specialist must undertake to coordinate the placement and, most importantly, follow up to ensure that the client "graduates" to more demanding employment as soon as he is ready.

Footnote:

Please see the appendix, "Psychometric Testing," on page 449 for additional information.

Social Rehabilitation. Here the emphasis is on interpersonal relationships. The client must learn to trust others, to control his hostility, to deal with negative feedback. Techniques useful for the client include role-playing, group counseling, and practice in relating to a wide variety of people and situations.

Placement. The specialist and the client must work together to find a suitable job for the client. The client must pass an initial employee interview, become familiar with the requirements of the job, and be prepared for the new experience of a day-to-day working life. At this point, it may be worthwhile to spend some time with the employer (or supervisor) to be sure that he understands the client's status and will take into account that the client is undergoing a critical and difficult transition in his life.

Follow-up. Although the client may be placed, he may still have fears, anxieties, and work-related problems. The specialist should be available on a regular basis as long as it seems necessary. The first few days on the job are often the most traumatic for the client; support and encouragement may be necessary.

In the first two modules we have concentrated on an overall view of the vocational rehabilitation process and the role of the vocational rehabilitation specialist within that framework. Each of the succeeding modules will emphasize the implementation of these concepts and functions. The following modules represent the "how to" of the course--the pragmatic process of conducting a sound and effective vocational rehabilitation program.

REFERENCE LIST

Standards for Drug Abuse Treatment and Rehabilitation Programs. Chicago, Illinois: Accreditation Council for Psychiatric Facilities, Joint Commission on Accreditation of Hospitals, 1975.

VOCATIONAL REHABILITATION SPECIALIST
POSITION DESCRIPTION*

POSITION CONTROLS

The Vocational Rehabilitation Specialist

The VR specialist works under general supervision of the vocational rehabilitation counselor or treatment counselor. Tecnnical supervision may be available from a centralized vocational rehabilitation unit or the city's vocational rehabilitation department. Work is reviewed by a supervising counselor and a program administrator.

DUTIES AND RESPONSIBILITIES

The Specialist--

1) collects available social, educational, economic, and vocational information on the client that can be used in securing suitable employment;
2) contacts employment and social/civic service agencies in seeking employment for the client;
3) is responsible for follow-up information;
4) conducts employment adjustment sessions with clients to instruct them in applying for, securing, and maintaining a job;
5) maintains accurate records for statistical purposes of number of clients referred by counselors, number of clients referred to various agencies, etc.;
6) keeps records collected on intake and updates records periodically to include employment needs, previous employment records, apprenticeships and skills of all clients, training needs, etc.
7) participates in treatment team meetings;
8) performs other duties as assigned.

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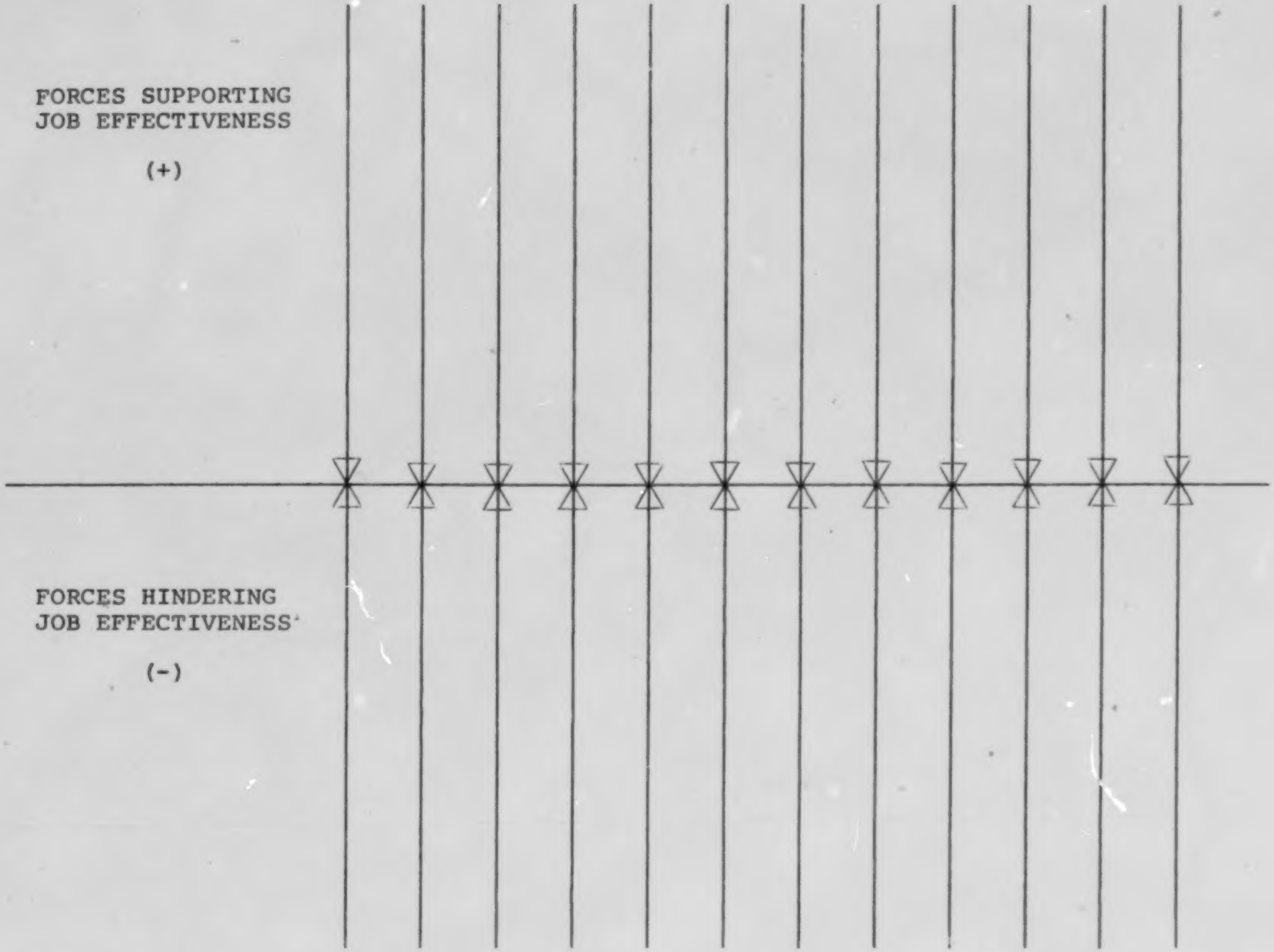
*Outpatient Drug Free Treatment Manual, Special Action Office Monograph, August 1974, Series C, (4) 48.

PROGRAM FORCE FIELD ANALYSIS

The form on the facing page is designed to help you examine your program (organizational) environment to determine those forces that help or hinder you in meeting your responsibilities to your clients and to the program.

The value of the form lies in its ability to stimulate your thinking about many factors. The more forces you can identify in either direction, the more useful your analysis will be as you plan your strategy for increasing your support.

Directions. List, along the arrows pointing down, those factors in your program that HELP you do your job, (+ factors) for example, good support and supervision, clearly defined rehabilitation goals for clients, etc. Next, list, along the arrows pointing up, those factors that WORK AGAINST you in doing your job, (- factors) for example, little or no commitment to the vocational rehabilitation aspect of the program, unmotivated clients, job not clearly defined, etc.


FORCES SUPPORTING
JOB EFFECTIVENESS
(+)
FORCES HINDERING
JOB EFFECTIVENESS
(-)

SELF-ASSESSMENT FORM

Directions for Use

This self-assessment form will enable you to record the information that will help you determine those areas in which you should concentrate your efforts toward skill and knowledge development in this training program. It should also provide a yardstick by which you can measure the program's effectiveness.

Unless you determine otherwise, no one but you will see this assessment. There are no right or wrong answers to an assessment of this type. Its value is directly related to your candid assessment of yourself in each skill and knowledge area.

Your group has discussed the role and function of the vocational rehabilitation specialist and identified the skills and knowledge needed to perform the job. To use this form, simply write each of these areas on the lines (a to t) on the left side of the assessment form. Next circle the number that corresponds to your rating of yourself in each area, from a minimum of 1 (no knowledge or skill) to a maximum of 5 (complete mastery of this skill or knowledge area). You need not rate yourself for those areas that are not part of your job.

After you have rated yourself in each of the skill and knowledge areas that applies to your job, review the list and decide in which areas you feel you have the greatest need for improvement. Place an X over the number that corresponds to the degree of proficiency you realistically expect to achieve as a result of this training program.

Example:

Skill and/or Knowledge Area	Degree of Proficiency
a. interviewing techniques	1 2 [✓ 3] X 4 5
b. supportive counseling	1 [✓ 2] X 3 4 5

SELF-ASSESSMENT FORM

Skill and/or Knowledge Area	Degree of Proficiency
a. ____________________	1 2 3 4 5
b. ____________________	1 2 3 4 5
c. ____________________	1 2 3 4 5
d. ____________________	1 2 3 4 5
e. ____________________	1 2 3 4 5
f. ____________________	1 2 3 4 5
g. ____________________	1 2 3 4 5
h. ____________________	1 2 3 4 5
i. ____________________	1 2 3 4 5
j. ____________________	1 2 3 4 5
k. ____________________	1 2 3 4 5
l. ____________________	1 2 3 4 5
m. ____________________	1 2 3 4 5
n. ____________________	1 2 3 4 5
o. ____________________	1 2 3 4 5
p. ____________________	1 2 3 4 5
q. ____________________	1 2 3 4 5
r. ____________________	1 2 3 4 5
s. ____________________	1 2 3 4 5
t. ____________________	1 2 3 4 5

Module 3
Resource Paper
Topic Outline

UNDERSTANDING DRUG ABUSE: IMPLICATIONS FOR VOCATIONAL REHABILITATION

I. The effect of lifestyle on drug abuse
   A. Reasons for examining lifestyle
   B. Distinct lifestyles of drug users
      1. The street addict
      2. The dealer addict
      3. The shooting gallery addict
      4. The female addict
      5. The suburban addict
      6. The employed addict
      7. The addict under treatment

II. Factors that contribute to chronic drug abuse and the rewards of addiction
   A. Why take drugs?
      1. Availability of the drug
      2. Peer group influence
      3. Escape and personality theories
      4. Antisocial theories

- B. The reward of addiction
    - 1. Physiological effects
    - 2. Psychological functions
    - 3. Social functions
    - 4. Development of survival skills

III. Factors contributing to the resumption of narcotics; aspects of the drug experience

- A. Pharmacological
- B. Conditioning
- C. Lack of life options
    - 1. Double failure theory
    - 2. Alternative occupation theory
    - 3. Anomie theory
    - 4. Subculture theory

IV. What prompts withdrawal?

- A. Avoidance of negative factors
- B. Physical deliberation
- C. Need for support during withdrawal

V. Summary

UNDERSTANDING DRUG ABUSE: IMPLICATIONS FOR VOCATIONAL REHABILITATION

INTRODUCTION

It is important for anyone working with inactive addicts to understand the dynamics, both personal and social, that led to the individual's decision to take and eventually require addicting drugs. As with any other medical or psychological condition that radically alters an individual's life, or removes him or her from the normal course of existence, the precipitating factors must be understood if a long-lasting change is to be effected.

In this module, some of the causes of drug abuse are discussed, and several references for further reading or amplification are provided. The module treats three issues--individual lifestyles, factors that contribute to continued or resumed use of drugs, and events that motivate the individual's withdrawal from drugs. Although these issues are treated separately, there is, of course, a dynamic process going on with an individual that cannot be as easily isolated in life as it is on paper. The important consideration for the vocational rehabilitation worker is that he understand how and why this dynamic process works.

WHY LOOK AT LIFESTYLES?

The most challenging aspect of vocational rehabilitation is that it requires the client to make dramatic changes in his life. While it is perhaps as unfair to say, "The drug abuser behaves like . . .," as it is to say, "The construction worker behaves like . . .," it may be important to define and categorize lifestyles typical of drug abusers for several important practical reasons.

For one reason, previous or current lifestyle provides a critical index of the amount of change a person must make during rehabilitation. In moving from a drug-abusing to a rehabilitated state, the client is faced not only with giving up drugs but also with giving up many aspects of his life that he values. As he enters rehabilitation, the client must decide first of all whether he wants to give up a major part of his life and, secondly, if the void created by giving up drugs can be filled with something as good or better.

It is also important to consider the addict's lifestyle because some of the traits exhibited are not always detrimental. The drug abuser often develops a particular kind of existence that enables him to live successfully as an addict. That lifestyle requires an ability to meet needs under stress and provides learning experiences that may be transferred to legitimate endeavors. It is important, therefore, to attempt to identify the positive aspects of the addict's former lifestyle in the early stages of vocational rehabilitation so that they may be adapted to job training and the counseling process (Nurco, 1972).

Another reason for analyzing the lifestyle of each client is that helping professions traditionally have focused more attention on actual drug use as opposed to the factors underlying addiction. Many workers and theorists perceived the individual's problem as drug abuse, without giving attention to the individual and/or social psychology (or, perhaps, pathology) that precipitated escape through drugs. Although the focus in this course is on the individual's use of drugs, we are aware that the drug abuser may be the symptom of a fragmented society (just as we have become aware that drug use is a symptom of problems that preceded addiction). The approach would then be to "treat" the quality of life experienced in our society rather than the individual.

DISTINCT LIFESTYLES

David Nurco (1972), in his article, "Clinical Impressions of Lifestyles of Narcotic Addicts," describes seven distinct lifestyles: the street addict, the dealer addict, the shooting gallery addict, the female addict, the suburban addict, the employed addict, and the addict under treatment.*

The Street Addict

According to Nurco, the street addict's lifestyle is the most common of all addict lifestyles. The street addict is defined as a heroin addict, unemployed, with no aspirations to become employed. He supports his addiction primarily through illegal acts, and has had repeated experiences with police, courts, and the jails.

He begins his day with a fix or an effort to obtain money for a fix (usually through illegal means). He pays little attention to food, clothing or his living conditions, concentrating instead on maintaining his habit. He rarely has nonaddict friends, and may be regarded as a "dope fiend" by his peers.

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*Editor's Note: These categories are provided as a guide to possible types of addict lifestyles. They are not all-inclusive, nor mutually exclusive; particular life styles may show characteristics other than those listed here, or may possibly be a combination of them.

Street addicts may also be described as "hustlers." They often work at specialized schemes for making money. In street society they are ranked according to a fixed hierarchy of prestige-- their money-making power, ingenuity, and versatility. There are various hustlers on the street, and one hustler may perform several different types of hustles. The scene is often described as one big rat race.

A street addict may make an attempt to undergo treatment, if only to bring his habit within the scope of his financial capabilities. He usually finds some reason not to continue treatment, and returns to the use of drugs.

The Dealer Addict

The dealer addict is usually more deeply involved in the addict subculture than any other type. Though some dealers are not addicts, those who are addicted are in the great majority. The addict dealer is likely to be male, between the ages of 16 and 40, and probably has been a hard core heroin user for years. He is probably known by the police, and is usually popular with all the buyers in his area. He attempts to protect himself by knowing the characteristics and personality of the cop on the beat and the people most likely to inform the police. He is aware of all neighborhood activity.

Physically, the use of drugs of unknown potency, often poorly administered under unsanitary conditions, takes its toll. Edema, especially of the hands and arms, collapsed veins, liver and kidney disorders, and abcesses plague the dealer addict. Because his consumption of heroin is usually greater and more constant than that of the nondealer addict, large quantities of "cut" (heroin diluent: usually quinine, benita, or milk sugar) build up in his body. He becomes uncertain of his actual tolerance level.

The Shooting Gallery Addict

The shooting gallery addict supports his habit by performing a service for his peers in return for money or drugs. The service usually consists of providing for other addicts a place to administer their heroin and the paraphernalia required. His lifestyle is usually less hectic than that of his customers. Because his services are constantly in demand, the addicted shooting gallery operator may rarely leave the house. The house in which the gallery is operated is usually in a neighborhood characterized by low income families, high crime rates, and neighbors who are thoroughly familiar with the ghetto philosophy of avoiding trouble by ignoring what is none of their business. If the house is shared by non-addicted family members, there may be frequent pressure on the gallery operator to end his services or move elsewhere.

The Female Addict

Most female heroin addicts are under 35 years old. There has been a marked increase recently in the number of 16 to 25-year-old female heroin addicts.

A female addict often prefers to attach herself to a male addict with whom she might live, usually in a common law relationship. A reciprocal agreement is likely to exist through which she contributes to the financing of their joint habit in return for a degree of protection from other addicts who may try to take advantage of her.

The female heroin addict, like her male counterpart, is constantly in search of funds with which to acquire heroin, but she often has added options. If she is already a prostitute, for example, she has an accessible source of funds.

Prostitution, while dominant in the lives of many female addicts, is not the only means available for women to support their habits. Many work as couriers, transporting bundles of drugs from the seller to the buyer. Males, especially if they are important in the drug organization, do not like the risks of carrying drugs. Therefore they enlist females, who may receive more lenience in case of arrest.

The Suburban Addict

The lifestyle of the suburban heroin addict differs from that of the ghetto or street addict in many ways. The ghetto addict is usually a delinquent with a juvenile or adult police record. The suburban addict may have been delinquent prior to addiction, but has usually been able to avoid arrest or conviction.

It is likely that the suburban addict is a product of a middle or upper-class environment. He has the advantage of a good education and, on the average, a more stable family life. The suburban addict is less likely to be known to the authorities as an illegal drug addict, and often is not faced with the problem of providing himself with shelter and sustenance. As he becomes more involved with the use of heroin, and as his tolerance for the consumption of narcotics increases, he becomes more and more a part of an outlawed subculture. The range of choices in the addict's life steadily decreases, and eventually moral and ethical values previously upheld become an impractical luxury or an irrelevant nuisance. If his habit has become unsupportable by legitimate means, he turns to crime.

The Employed Addict

A number of individuals in the addict population are able to support themselves through gainful employment for a time. To work a normal day and then find the additional time and money to support a constantly enlarging heroin habit is no small task. The employed drug user usually begins his affair with heroin only on weekends. In the beginning he prefers to sniff or skin-pop because he doesn't want the telltale marks on his arm. Eventually, the employed addict will find that his involvement has increased to daily use, and later to more than once a day as his tolerance increases. At this point, he will usually make his first attempt to discontinue the use of heroin. He will discover, but resist admitting to himself, that his addiction is established.

Eventually, the employed heroin addict may resort to crime, often against his employer.

The Addict Under Treatment

Heroin addicts under treatment may be classified, for our purposes, into one of two categories: those who are motivated to change and those who are not motivated. Addicts apply for admission to drug treatment programs for many reasons, not necessarily because they are motivated to give up their habits. Pressures from family or courts, a desire to consume other, perhaps legal drugs, or the wish to qualify for a job are the most common reasons.

There is no foolproof way to determine an individual's true motivation. The heroin addict who enrolls in a methadone treatment program may be interested in relieving himself of the constant horror of possible withdrawal. With methadone he is able to satisfy his need for drugs without risking withdrawal or other penalities incurred from the use of illegal drugs. Even the addict who enters a drug-free treatment program may not necessarily give up his use of drugs; he may simply substitute alcohol or pills for heroin.

Although drug dependence may not be immediately altered by treatment, certain changes do occur for the addict in spite of his initial motives. His fears are diminished, his dealings with illegal activities may be reduced, and he becomes slowly accustomed to the responsibilities imposed by being a member of a program.

The different lifestyles described above point out some of the diverse and complex dynamics of drug addiction. As we mentioned earlier, the focus of this training program is on the drug user, not on the drugs used. We alluded to the social and individual problems that set the stage for drug abuse. In the following section we will explore some of these factors in more detail.

CHRONIC DRUG ABUSE AND THE REWARDS OF ADDICTION

In today's complex society, almost all of us at one time or another find ourselves in situations that are difficult or impossible. We try to cope. Some of us turn to whatever is available to make the situation bearable. While one person may stick a needle in his arm, another chain-smokes cigarettes, drinks too much coffee or too many martinis, takes aspirin in quantity, drives too fast, or eats too much.

It is instructive and often lifesaving to find out why we do these things. This is expecially true for the drug abuser. In attempting to answer why a person becomes a narcotic addict, however, there is often a tendency to propose simplistic answers such as poor self-esteem, genetic predisposition, socioeconomic status, and/or the availability of drugs. Yet there seems to be no definitive answer that can stand on its own without posing another question. We may say, for example, that a person starts using drugs because he has a poor self-concept. On the other hand, we may find that a person has a poor self-concept because he or she uses drugs. "Why" is often a more complex question than it appears to be.

Most researchers agree on certain factors that contribute to addiction. Jaminson (1973) has discussed these in detail; a few excerpts from Jaminson's article are provided here.

Availability of the Drug

Obviously, for addiction to occur, narcotics must be available to potential addicts. There is abundant evidence that addiction rates are highest where availability is greatest, i.e., in slum areas of large metropolitan centers and in the health related professions.

Peer Group Influences

The evidence that the first usage of heroin generally occurs in a peer group situation is overwhelming. Chambers, Moffett and Jones - in a study of 806 black addicts at Lexington - found that 89 percent of their subjects first experimented with opiates while in the company of a peer who was already using opiates; 38.7 percent of the addicts began their heroin use in a group setting....

In Ball's study of Puerto Rican addicts more than 80 percent of the boys reported that they were initiated by friends who were addicts....

Chien et al. found no evidence of group pressure to experiment with drugs among the adolescent addicts they studied; rather, they regarded the first use of heroin as a "casual, social experience with peers." Scher, in his discussion of the group as primary inducer quotes one addict as saying that the introduction to addiction was "just like the introduction to Cub Scouts or roller skating." It is also clear... that curiosity due to a friend's influence plays an important role in the motivation for first use of heroin. In a study of addicts' explanations... Brown, et al., found that curiosity was named as the major reason by 44.9 percent of the adult males, 40.0 percent of the adult females and 28.8 percent of the juvenile males....

Factors of addiction are generally predicated on the idea that of persons equally exposed to heroin only a small percentage use it (whether they are doctors or live in ghettos) and, therefore, some underlying psychological inadequacy must explain the selective nature of addiction....

Broadly, it is possible to categorize psychiatric explanations of narcotic addiction into three general groupings; 1) escape and personality inadequacy theories, 2) antisocial theories, and 3) family background theories.

1) Escape and personality inadequacy theories

These explanations for opiate addiction have centered on the idea of escape - either from the realities of the surrounding environment (poverty, lack of opportunity, stressful situations in general) or from the responsibilities of adulthood (sexual role expectations, gainful employment, etc.). According to the theorists who subscribe to such explanations, heroin makes an addict less responsive to situational threats and stress and, therefore. if a person has psychological conflicts which he cannot settle, narcotics may provide an attractive escape for him.

2) Antisocial theories.

This group of theories propounds the idea that addicts basically resent society and authority figures and use heroin as a means of rebelling.

3) Family background theories.

The importance of an individual's relationship with his family as a likely factor in addiction has been stressed by several investigators. Rado, a psychoanalytic theorist, feels that there has been a strong father figure lacking in the addict's life, however, no empirical evidence is presented in support of his argument. The Research Center for Human Relations at New York University compared 30 white, black, and Puerto Rican families who had an addict in the family with 30 families (matched for similar socioeconomic status, all were living in a high drug use area) who had no addict member and found that the addict families had many more weak parent-child relationships and disturbed relationships between the parents (separation, divorce, etc.) than the non-addict families.

In Chien et al.'s study of adolescent addicts, they concluded that "the one factor we have found to be distinctly related to drug use and apparently unrelated to delinquency per se is the experience of living with a relatively cohesive family. The users have, on the average, been more deprived in this respect than the non-users." They also found that there were disproportionately large numbers of adult females as compared to males within the family structure.

Additional factors are contributed by John Buckman (1971) who cites personal motivations that may lead to drug abuse and describes them as follows:

1) Fear of competition and failure.
2) Fear of homosexuality.
3) Fear of threatening mental illness or disintegration.
4) The need to rebel.
5) The need to be caught and punished.
6) The need to explore the limits of one's body and psyche and to challenge one's resources.
7) The need for a hedonistic or orgiastic experience.
8) The need to belong to a group or subculture.
9) The need for instant relief or instant answers.

The literature is rich with theories that help to explain why a person resorts to drugs. Most analysts arrive at the same basic generalizations as the ones preceding, and some (see especially Frederick, 1972) add that drug abuse is essentially self-destructive behavior. No easy generalization can be made: not all addicts are helplessly sick (although addiction does suggest less than "normal" abilities to cope with frustration, or an inadequate self-concept); not all addicts are criminals (although addicts frequently indulge in criminal activities); and not all addicts come from social environments where addiction is accepted (although peer-group pressure certainly plays an important role in initiating and sustaining drug abuse). Whatever the particular combination of factors may be that contribute to a person's willingness to experiment with and continue to use addictive drugs, the interplay between personal psychology and external environment must be carefully considered.

As the VR specialist works with a number of clients, he will discover that each individual has or had a unique set of motivations leading to drug abuse. Some motivations are external, e.g., forces over which the client has no control (or did not have the knowledge or resources to exert control). Others are internal, e.g., personal qualities that made drug addiction the easier (or sometimes only) recourse to a "comfortable" lifestyle. The job of the VR specialist is to discover, with the client, exactly what the causal factors are and how to transfer the motivation into achieving a comfortable, rewarding, and drug-free lifestyle.

THE "REWARD" OF ADDICTION

Perhaps the original "reward" for the addict was to "get-off" - to experience that euphoric "high," but, as Pittel points out, the addict's euphoria is often reduced to maintenance:

> If he is really addicted,... most of his work and wages will go to pay for drugs sufficient only to keep him feeling well--to keep away the pain of withdrawal sickness.

Prebel and Casey (1972) point out that the reward often goes beyond even the maintenance high. In the words of one of their research subjects:

> When I'm on the way home with the bag safely in my pockets, and I haven't been caught stealing all day, and I didn't get beat and the cops didn't get me--I feel like a working man coming home; he's worked hard, but he knows he's done something...

Pittel (1973) also makes this important observation:

> By practicing the skills of his trade successfully the street addict receives innumerable rewards. Although the "straight" world equates greater drug involvement with greater jeopardy...the addict who is able to support the largest habit for the longest time is held in high esteem in the world of

drugs. Addicts may tend to minimize the extent of their addiction when they talk to counselors or cops, but they are much more likely to exaggerate and boast about their use of drugs in the company of their peers.

More relevant to our concern about the addict as a worker is the sense of pride and heightened self-esteem he derives from his street survival skills. Much more than any other workers, addicts are forced to test themselves against the greatest odds each day. To sustain his need for drugs and his status on the streets, the addict must demonstrate over and over again his mastery of the harsh world in which he lives.

FACTORS CONTRIBUTING TO THE RESUMPTION OF NARCOTICS

At this point we have looked at the lifestyles of the chronic heroin-abuser and at some explanations of why people use drugs. The question remains why some addicts, once detoxified (and presumably rehabilitated) will return to the use of drugs. Jaminson (1973) describes three major factors that contribute to the continued use of narcotics: 1) pharmacological properties of the drug, 2) conditioning aspects of the drug experience, and 3) the lack of life options and involvement in the drug subculture.

For some addicts physiological dependence on the drug is overwhelming. The desire for physical or psychological relief, euphoric escape, and avoidance of withdrawal symptoms may exert enough influence to make continued drug abstinence an impossibility. Genetic predisposition to addiction may be another contributing factor.

In reviewing the conditioning aspects of the drug experience, Jaminson notes that a relationship often exists between the activities and rituals associated with the use of opiates and a return to drugs.

Jaminson's third category, "lack of life options and involvement in the drug subculture," must also be considered in a discussion of the addict's continued use of drugs. Many researchers have postulated that addiction to drugs is an alternative lifestyle for those who feel that they have no other options.

Discussed below are several theories that attempt to explain continued drug use.

The double failure theory. This theory asserts that heroin addicts are retreatists who can qualify for neither legitimate nor illegitimate careers (hence, double failures). They turn, therefore, to heroin for escape. This theory is disputed by some researchers who maintain that the addict's lifestyle requires considerable competence in being able to "hustle" to sustain a habit. This theory also does not take into account employed addicts, particularly those working in health-related fields.

Alternative occupations theories. These suggest that drug addicts who have not been able to find a niche in conventional occupations work very hard at being competent at their particular way of life. Stealing and fencing, prostitution, buying and selling of drugs, etc., afford the addict a fulltime job, something to look forward to, a challenge, and a particular lifestyle.

Anomie. This is defined as the discrepancy between culturally accepted goals and the perceived or available means of reaching such goals. The addict's frustration with such discrepancies leads him to escape the problem by ignoring conventional goals and the established norms for attaining them, and turning instead to the shelter and protection of the supportive drug subculture.

Involvement in the drug subculture. This has been seen as one of the most important factors in maintaining addiction. It appears that the whole subculture is rigidly controlled by sets of expectations for specific behaviors to be performed according to rigid codes. They cover the gamut from knowing when and how to "score," to knowing how to interact appropriately with other addicts and nonaddicts. The subculture is described as an elaborate distribution system; a justification (or ideology) for drug usage; a system for recruiting new members; a "defensive communication system" with its own language and a complicated information system that the addict learns in order to maintain his supply of illegal drugs (Rubington, 1967).

Within the subculture the addict may be able to achieve a degree of status and have positive feelings about a lifestyle that is rejected by conventional society. As the addict becomes more entrenched in this subculture, the likelihood of developing acceptable job and social skills that will enable him to "make it" in the straight world decreases and the probability that he will remain addicted rises (Jaminson, 1972).

There are often compelling and urgent reasons for an individual to become an addict, and there are equally persuasive reasons for his becoming readdicted. The reasons for giving up an addiction may seem obvious to an unaddicted observer, but neither the process nor the motives are as simple or clear-cut as one might expect. Let us look more closely at withdrawal in an effort to understand how a client feels when he enters this stage.

WHAT PROMPTS WITHDRAWAL?

There are many reasons why addicts wish to withdraw from heroin use. As noted, heroin use is all-consuming. The addict's life is directed towards obtaining sufficient heroin to prevent sickness. Despite the satisfaction involved, life is a continual hassle. Pressures from the police, the courts, parole officers, social workers, and family members may force an addict into treatment. For women, family problems seem to be particularly significant in their decisions to attempt withdrawal. Once there, the primary reason most addicts give for remaining in treatment is a concern with changing their overall functioning and life pattern.

Waldorf's (1970) research indicates:

> It may be that persons "burn out" on heroin use and addiction after an extended period of use. The addict may reach a saturation level, a "rockbottom" state when an all-out effort is made to stay off of opiates. The cause and effect relationships in abstention and overall adjustment are not clear. Adjustment is aided by positive response from others. A principal resource for long abstention is education. Persons who dropped out of school were less likely to sustain a long abstention.
>
> The principal resource for overall adjustment is compatibility with one's family before heroin use. Those who did not commit criminal acts before their initiation to heroin made better adjustments than those who had committed criminal acts.

When moving from a drug-abusing to a rehabilitated state, the client is faced not only with giving up drugs, but also with entering or reentering the "straight" world. The client must decide first of all whether he wants to give up his addict lifestyle, and secondly, whether the void created by giving up drugs can be filled with something as good or better.

SUMMARY

Throughout the discussion of what addicts are like, how they behave, and why they become and remain addicted, one theme seems constant. It is the presence of a drug subculture and its elaborate network in this country that makes it possible for one's continued existence as a heroin user.

Society's definition of and reactions to deviance (drug addiction) affect the identity, role and self-image of the addict. The drug subculture, created largely by legal repression, lessens the impact of that repression and provides a milieu for carrying on one's career as a social deviant. As the street addict becomes involved in narcotics, he takes on a new and deviant identity simply as a condition of surviving as a drug addict. Through association with other addicts while "using," as well as during incarceration, the addict comes to view himself through the eyes of his peers. And, as we have seen, there is a very definite hierarchy of prestige within the subculture, based primarily on money-making power, ingenuity, and versatility. The successful "hustler," working at specialized schemes for making money to support a sizeable habit, is at the top of the hierarchy, while skid row alcoholics and "garbage junkies" or "shooting gallery addicts" are considered to be the lowest kind of drug user.

The most general function of the drug subculture is to make it possible for addicts to exist as social deviants, to pursue their deviant careers, and to avoid stigma. The subculture creates mirrors for one's self-image, demands that one acquire certain skills, and imposes its own norms, which are supported by a well-developed if informal ideology. The drug culture influences the addict with the same power as the middle-class culture influences the white collar worker.

Examining the lifestyle of a client often reveals a high level of motivation and competency in the subculture setting. Investigation of his lifestyle and behavior pattern previous to drug use may, however, reveal a pattern of incompetency or lack of skill in functioning in the general community. This is not in conflict with Nurco's (1972) and Pittel's (1973) idea that addicts have developed skills that may be transferred to the general community; the addict may well have become more competent in order to exist as an addict.

The lack of competence or skill is the VR specialist's focus, since it implies that skills must be obtained or transferred from the deviant career. This can only be explored and judged by an analysis, with the client, of his lifestyle. This analysis is then used to assist the client in expanding his repertoire of skills, attitudes, and behaviors so that they may be applied to a more conventional lifestyle.

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CLIENT PROFILE #1: WANDA

As the vocational rehabilitation specialist in the treatment program in which Wanda is a resident, you have been given the following information about her.

Wanda is an 18-year-old, white female who has been in treatment at a drug free residential rehabilitation center for nine months. Addicted to heroin for about one year, she was coerced by her family to enter treatment. She detoxed on methadone at a detoxification center and was then referred to the program for treatment and general rehabilitation services.

Wanda's progress has been sporadic. She left the program twice, each time for about one week. Although she did not use heroin during that time, she went on a pill spree using mostly sedative-type drugs to "calm her nerves." Re-entry into the program each time was particularly difficult for her. She expressed feelings of guilt about failing both herself and the program. Wanda has been in the program continuously now for six months and is believed to be totally drug free.

What additional information do you need in order to begin the treatment planning process?

CLIENT PROFILE #2: T.J.

As the vocational rehabilitation specialist in the treatment program in which T.J. is a resident, you have been given the following information about him.

T.J. is a 25-year-old, black male who has been in the Second Coming Therapeutic Community for ten months. Prior to entering the program, T.J. had been detoxed from heroin and maintained on methadone for two-and-a-half years. During that time, he occasionally snorted heroin and regularly abused Valium, various tranquilizers, and barbiturates. He expressed fears of being totally drug free and resisted being withdrawn from methadone.

T.J.'s entry into the community was precipitated when his wife and son left him; she refused to consider reconciliation until he quit using drugs. He floundered for about three months before making the decision to enter the program. Since his entry into the program however, T.J. has been cooperative and the prognosis for rehabilitation is good. He is now looking forward to leaving the program in graduated steps and eventually finding work.

What additional information do you need in order to begin the treatment planning process?

CLIENT PROFILE #3: JOYCE

As the vocational rehabilitation specialist in the treatment program in which Joyce is a resident, you have been given the following information about her.

Joyce is a 31-year-old, black female who has been in an out-patient treatment program for approximately one year. She abused barbiturates - primarily phenobarbital (Nembutal) and secobarbital (Seconal). Joyce had been using "barbs" for about one-and-a-half years before entering the program.

She is divorced and has custody of her three children. Her work history has been sporadic; she has been maintained on public assistance for the past four years. Joyce is known to experience severe bouts of depression and anxiety.

Joyce feels that she is ready to explore some alternatives for a vocation rather than just getting another unskilled job. The counseling staff feels that she still needs continuing support, but they endorse her desire to begin planning for a career.

What additional information do you need about her in order to begin the treatment planning process?

PRINCIPLES OF EFFECTIVE INTERVIEWING

I. Definition of an interview

II. Interview model

  A. Establishment of general purpose

  B. Determination of content

  C. Guide to formulating questions

    1. Functions of questions

    2. Qualities of questions

      a. Understandable

      b. Unambiguous

      c. Short

    3. Errors in question formulation

      a. Suggestive or leading questions

      b. Yes - No questions

      c. Double questions

      d. Garbled questions

      e. The "why" questions

  D. Conduct of the interview

    1. Setting the stage

    2. Clarifying role

    3. Setting expectations

    4. Listening

    5. Questioning procedures

    6. Termination of interview

E. Analysis of the interview

F. Action and intervention

III. Summary

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PRINCIPLES OF EFFECTIVE INTERVIEWING

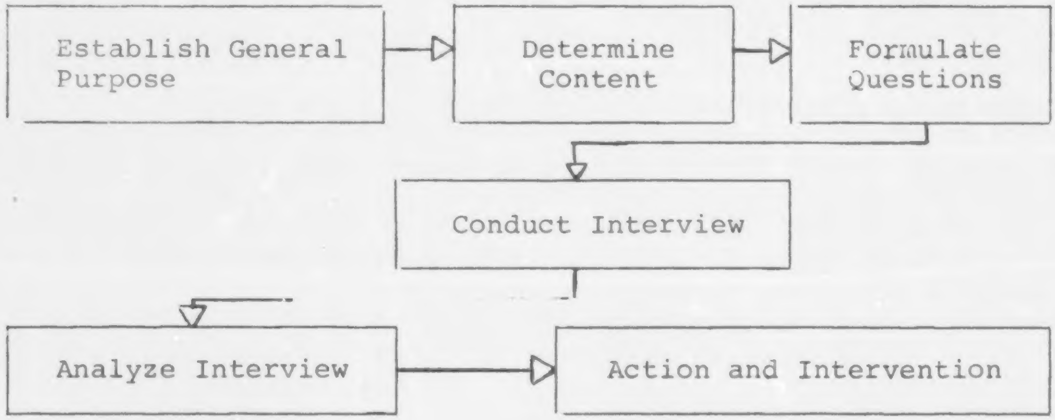
INTRODUCTION

An interview is actually a specialized form of communication. In contrast to day-to-day conversation, the interview is intended to gather specific data in a short amount of time. It is a verbal interaction, initiated for a specific purpose and focused on a specific content area, with the consequent elimination of extraneous material.

Given this definition and the contrast with day-to-day conversation, it is clear that the interview makes certain demands on the person who conducts it. The most important demand is a change in normal verbal communication behavior. Because a change in behavior is required, untrained interviewers frequently make many errors, limiting the accuracy and effectiveness of the interview. In this discussion we will consider concepts and skills required for conducting an interview within the framework of vocational guidance.

Although there are different styles and models of interviewing, the following steps, guidelines, and procedures are basic to almost any situation. The sequencing of this model is relatively rigid, and an actual situation might indicate an altered sequence. Any alterations, however, must be made cautiously, with solid reasoning and planning. Most importantly, the interview should not be regarded as an isolated event. The interview itself is only one step of the interview process.

The flow of the process is outlined below:


Establish General Purpose
Determine Content
Formulate Questions
Conduct Interview
Analyze Interview
Action and Intervention

ESTABLISHMENT OF THE GENERAL PURPOSE

The interview process begins well before the interview is actually conducted. The specialist must decide, from information about specific clients and experience, the precise objectives to be realized from the interview. Why is it being conducted? What problem(s) must be solved? What are the specific objectives of the interview?

DETERMINATION OF CONTENT

Given the general purpose of the interview, what information do you need? What issues need to be discussed? What specifically do you need to find out?

GUIDE TO FORMULATING QUESTIONS

Questions must be based on specific objectives and developed in such a way that they can be successfully answered by the respondent. A well formulated question helps the interviewer communicate the objectives of the interview to the client. The dual function of questions in the interview process is to:

- translate the objectives into language familiar to the respondent;
- assist the interviewer in achieving a high level of client motiviation.

It is helpful in formulating questions to remember that the questions need to be:

- Understandable. Use common language relevant to the interview's purpose and objectives.
- Unambiguous. The questions should clearly indicate to the client the kind of information needed and why.
- Short. Short questions allow the client to remember what is being asked, preventing undesired digression.

A general rule is that questions should not be longer than two sentences. One sentence may do one or all of the following:

- Set the context for the question
- Explain the reasons for it
- Prepare the respondent for the question, or motivate him to answer it

Example: "Since working with young people is something you say you'd like to do, I need some information about your experience in this field so we can start planning an approach to employers."

The second sentence should be the question itself.

Example: "What specific experience do you have in working with young people?"

There are several common errors in question formulation:

1) Suggestive or leading questions. Such questions indicate a bias toward what the answer should be, or indicate to the client what you expect the answer to be. Leading questions make it difficult for the client to answer freely.

Example: NOT "Wouldn't you say your life has been pretty bad since you started using drugs?"

BUT "How has your life been different since you started using drugs?"

2) Yes/No questions. This kind of question prohibits or discourages useful elaboration.

Example: NOT "Did you have a fix this morning?"

BUT "How long has it been since your last fix?"

3) Double Questions. Before the client answers a first question, a second is asked, or two questions are asked in one breath. The client then has the problem of which question to answer, and, given the choice, often answers only the easier one.

Example: NOT "How has your life been different since you started using drugs, and by the way, how long has it been since your last fix?"

BUT "How has your life been different since you started using drugs?" (Answer) "How long has it been since your last fix?" (Answer)

4) Garbled Questions. The interviewer is unclear about what information is wanted.

Example: NOT "What do you think, what do you suppose...uh... she wants to...uh...do...like why do you suppose she's acting the way she does?"

BUT "How do you feel about the way she's acting?"

5) The "why" question. This is a difficult question for the clients because it asks them to provide insights into their own behavior. We often don't know "why," so we expect "because" as an answer. Instead of asking "why," it is usually better to ask "what." "What" calls for an explanatory description.

Example: NOT "Why are you afraid to enter the program?"

BUT "What scares you about entering the program?"

CONDUCT OF THE INTERVIEW

The interviewer must keep in mind that the purpose of the interview is to gather information. One person, the interviewer, wants information from the other, the client. The task of the interviewer is to elicit frank and complete answers from the client.

The basic steps for conducting the interview are arranged in a sequence we have found most useful. The actual situation might dictate an alternate sequence or the repetition of a step. While it is important to keep these steps in mind, remember that they do not have to occur in the order presented here.

Step 1: Setting the stage. This refers to the verbal and nonverbal activities that define the situation as an interview. This might include offering the client a seat or a cigarette, or making a comment about the weather or the condition of oneself or the client. In other words, setting the stage means doing and saying those things that communicate: "This is an interview; let's get comfortable about it."

Step 2: Clarifying role. Because the client may be confused, skeptical, or hostile, it is crucial to be explicit about what your role is and what it is not. Especially, this implies disassociating yourself from the criminal justice system, the welfare system, or any other system or institution that the client may perceive you as working for. Minimally, this step includes an explicit statement of your role as interviewer, the purpose of the interview, the special objectives, and the confidentiality that covers what is divulged. (This latter point will depend on the particular interviewing context.)

Step 3: Setting expectations. Clients may have unrealistic expectations of what you can do for them concerning employment, welfare benefits, rehabilitation, etc. It is crucial not to allow the client to have unrealistic expectations of what you can do. Though it is tempting not to minimize expectations, especially to get maximum cooperation from the client, anything less than the truth may result in frustration; the client may feel he has been misled.

Step 4: Listening. Though you may understand the importance of listening, there is a listening that goes beyond the verbal behavior. In any interview, it is critical to listen to the unstated and unexpressed statements that lie behind the explicit communication. For example, if a 15-year-old Puerto Rican client says he has no brothers or sisters, your knowledge of the Puerto Rican culture will tell you that this may be unlikely; therefore you might "listen" for the possibly implicit statement, "I don't want to tell you (for whatever reason) about my family." This kind of listening can be developed from increasing your knowledge of and contact with your clients.

Step 5: Questioning procedures. Learn how to question respondents in ways that get as much data as possible and avoid boxing clients into responses your question may have set up; e.g., instead of asking, "When did you start using drugs?," which calls for a date or age, ask, "Tell me something about your drug history?" This allows the client to pick up wherever he is most comfortable and to talk as much as he wants. In general, avoid the yes or no question and ask open-ended questions. (Refer to the section on formulating questions.)

Step 6: Termination. The best termination is accomplished in a friendly, collaborative, and definite manner. It should include a summary of what has happened during the interview, including what the interviewer has learned about the client. Both the interviewer and the client should carry something away from the interview. They should consider what was said, in a sense, continue the interview after they have separated. At termination, each of you should be clear about what has been accomplished and about expectations each of you has for future actions.

ANALYSIS OF THE INTERVIEW

The interviewer should schedule some time immediately after the interview to review and evaluate what has happened. The data received from the client should be compared to the specific content objectives developed for the interview. Data may also be analyzed within the framework of your model of vocational choice. Have you gathered the information you need to develop a treatment plan based upon your working model for vocational rehabilitation?

There are a number of questions that are helpful in making this analysis:

1) In retrospect, what were the purposes of this interview--for the client, for the agency?
2) To what extent were the purposes achieved?
3) What interventions helped to achieve the purposes? What interventions hindered the achievement?
4) What was your feeling about the client?
5) At what point was your feeling most positive? Most negative?
6) How might these feelings have been manifested in what you as interviewer said or did?
7) If you now empathize with the client, how did he seem to see you? What was the client's reaction to the interview?
8) When did the interview seem to falter? When was it going smoothly?
9) Did the client at any time show signs of resistance, irritation? What had you said or done just before that?

10) Did it at any point cease to be an interview and become a conversation, discussion, an argument?

11) How would you characterize the relationship between interviewer and client?

12) What type of psychological climate was set for the client? Give instances to support your thinking.

13) If possible, find instances where interviewer attitudes were (a) probing, (b) interpretive, (c) understanding, (d) evaluative, and (e) supportive. Describe the client's behavior following the manifestation of each type of counselor attitude.

ACTION AND INTERVENTION

On the basis of the data you have collected, your subjective response to the client, your own capabilities, the resources within and outside of your agency, and the skill and resource level of the client, what can you do?

Any action the specialist takes on behalf of a client must be based on information the specialist has obtained through his various sources. The personal interview is one of the most important, and certainly the most recent, of the sources. Action based on incomplete, erroneous information is often more harmful than no action at all.

It is in the best interests of all concerned--the client, the specialist, the agency, the prospective employer--not to cut corners in obtaining information and in checking it out for accuracy. Whether or not the model presented here is totally applicable to each situation, it offers a set of guidelines upon which to build.

SUMMARY

An interview is conducted to obtain specific information in a short period of time. The interview process includes various stages--each one essential to the total procedure. These stages include (1) establishing a general purpose for the interview; (2) determining what information is needed; (3) creating understandable questions that are based on specific objectives; (4) conducting the interview in a manner that elicits complete answers from the client; (5) reviewing and evaluating after the interview; and (6) taking action based on the information that is obtained.

It is the specialist's responsibility to describe his role to the client and to dispel any unrealistic expectations that the client may have. Through careful questioning, listening and reflection the specialist can obtain important and necessary information that will assist him in the total vocational rehabilitation endeavor. The guidelines offered in this module enable the specialist to establish a solid basis for effective interviewing techniques.

VOCATIONAL ASSESSMENT INTERVIEW GUIDE

SELF-CONCEPT

1. What kind of person are you?

2. What do you like best about yourself?

3. What situations make you feel good about yourself?

4. What do you like least about yourself?

5. What situations make you feel unhappy or angry with yourself?

6. What do you believe you do best?

7. Give an example of several things that you are only average at doing.

8. What do you believe are your weaknesses?

9. What do other people say about you?

GROWTH AND FAMILY MESSAGES ABOUT WORK

10. What were you like as a child? (interests, behavior, etc.)

11. What were you like as a teenager? (interests, behavior, etc.)

12. As a child, what did you believe you would be when you grew up?

13. What did you believe about work as a child?

As a child, how would you have completed this sentence?

Work is for____.

14. As a teenager, what did you believe you would be when you grew up?

15. As a teenager, how would you have completed this sentence?

Work is for____.

16. Now what do you believe work is for?

NOTE: The following questions (17-21, 23, 24) should also be asked of the father or other significant person in the client's home.

Parent's expectations (17-20)

17. What kind of person was your mother?

18. What did she want you to be?

19. What things did she usually praise you for? How?

20. What things did she criticize or punish you for? How?

Response to Authority (21-22)

21. What did you do when she criticized or punished you?

22. What do you do now when you perceive that you are being criticized or punished?

Parental messages about work (23-24)

23. Did your mother work?

24. What did she say to you about working?

Interest and feelings of self-worth in relation to a work experience (25-33)

25. What jobs have you held?

26. Which one did you like best? What did you like about it?

27. What did you do best on that job?

28. How do you know when you have done well?

29. Which job did you like least? What did you dislike about it?

30. What could have made it better?

31. What did you need to know how to do in order to do the job you liked best? (skills and knowledge)

32. Do you like to be supervised when you work?

33. What types of work situations are most comfortable for you? (Highly structured, loosely structured, working alone, etc.)

LIFESTYLE

34. How did you "earn" money to buy drugs? (Ask client to be specific.)

35. How much time a day would you estimate you spent getting money to buy drugs?

36. What did you do with the rest of your time? Will you describe a typical day for me?

37. How do you spend your time now?

GOALS

38. What kind of work have you thought about doing?

39. What skills or knowledge do you think you need to have in order to do this work?

40. Do you have those skills or that knowledge now?

41. What do you believe you will need to do to find work you will enjoy?

42. How will you know when you have found work you enjoy?

43. What problems do you believe you will have in finding work?

44. What changes, if any, do you believe you will have to make in order to get a job?

PROBLEM-SOLVING

45. What do you do when you can't seem to get something right? (Do you keep trying?)

46. When you can't do something alone, do you ask for help?

47. What do you do when you fail at something?

INTERVIEW PROCESS ASSESSMENT FORM

Please rate the interviewer you are observing by using the following guide. In most instances you will rate the interviewer's effectiveness on a one to five scale (excellent is a rating of five). Other questions will simply require a "yes" or "no" response. The guide will assist the interviewer to assess the need for improvement in categories listed below.

1.	Did the interviewer set the stage?	Yes				No
	Rate the interviewer on his or her effectiveness in--					
	a) helping the client to be comfortable;	1	2	3	4	5
	b) stating and clarifying the purpose of the interview;	1	2	3	4	5
	c) defining the goals of the interview.	1	2	3	4	5
2.	Were roles clarified?	Yes				No
	Rate the interviewer on his or her effectiveness in--					
	a) handling the confidentiality issue;	1	2	3	4	5
	b) clarifying with client how information will be used;	1	2	3	4	5
	c) clarifying his or her role.	1	2	3	4	5
3.	Were expectations discussed?	Yes				No
	Rate the interviewer on his or her effectiveness in--					
	a) helping the client clarify his or her expectations;	1	2	3	4	5
	b) establishing agreement with the client about the purpose and expected results of the interview.	1	2	3	4	5

4.	Did the interviewer listen effectively?	Yes	No	Sometimes But Not Consistently
	Rate the interviewer on his or her effectiveness in--			
	a) making pertinent responses to client's statements;	1 2 3 4 5		
	b) making accurate responses to nonverbal cues and "unspoken statements";	1 2 3 4 5		
	c) hearing the client through without interrupting.	1 2 3 4 5		
5.	Was the line of questioning consistent with the stated purpose of the interview?	Yes	No	Sometimes But Not Consistently
6.	Did the interviewer allow adequate time for the client to respond?	Yes	No	Sometimes But Not Consistently
7.	Were the interviewer's questions specific and managable?	Yes	No	Sometimes But Not Consistently

List the most common errors made in asking questions. (e.g., leading questions, "why" questions, double questions, etc.)

1.

2.

3.

4.

5.

8.	Rate the interviewer on his or her effectiveness in terminating the interview.	1 2 3 4 5
a)	Did the interviewer and the client seem to meet their objectives for the interview?	Yes No
b)	Was each party's understanding of what had occurred during the interview explicitly stated?	Yes No
c)	Did the interviewer review the interview?	Yes No
d)	Was there an opportunity for the client to ask questions?	Yes No
e)	Was there an opportunity for the client to make a final statement?	Yes No
9.	Analyzing the interview.	
a)	Was the purpose of the interview met?	Yes No
b)	Was a positive climate set and maintained throughout the interview?	Yes No
10.	Overall rating of interviewer:	1 2 3 4 5

11. General Comments:

See "Analysis of the Interview" in "Principles of Effective Interviewing" about suggestions for feedback to the interviewer.

Module 5
Resource Paper
Topic Outline

VOCATIONAL CHOICE MODELS

I. Super's model of vocational choice
  A. The five developmental stages of career choice
    1. Growth of the individual
    2. Exploration of possibilities
      a) Fantasized choices
      b) Tentative choices
      c) Realistic choices
    3. Establishment of self in the work setting
      a) Trial
      b) Stability
    4. Maintenance of self in the job
    5. Decline and withdrawal from the work world
  B. Propositions related to vocational development
II. The drug abuser and vocational choice development
III. Holland's model of vocational choice
  A. Assumptions pertaining to work and the worker
  B. Personality types
    1. Realistic
    2. Intellectual
    3. Social
    4. Conventional
    5. Enterprising
    6. Artistic

C. Work environments

1. Realistic
2. Intellectual
3. Social
4. Conventional
5. Enterprising
6. Artistic

IV. Summary

VOCATIONAL CHOICE MODELS

SUPER'S MODEL OF VOCATIONAL CHOICE

Donald Super (1973), one of the earliest and most prolific theorists on vocational rehabilitation, proposed a model integrating developmental psychology (life as a series of stages during which interests and abilities mature and change) with the self-concept theory (the way in which a person sees himself). Combining these two theories, Super defined career choice as a process that goes through five developmental stages:

1. Growth

   During the early period of physical and psychological growth, the person forms attitudes and develops interests and behaviors that will become important components of his self-concept during much of his life. Experiences are the basis for understanding, appraising, and judging the work world.

2. Exploration

   Realizing that a vocation will be an important aspect of life, an individual considers different vocational possibilities. These fall into three categories:

   a) Fantasized. Career choices that have little basis in reality. Play is often used to explore possible careers. There are adolescents and adults who have never advanced past this phase.

- b) Tentative. During this phase the person limits his possibilities to fewer choices. Compromise is becoming part of the choice process.
- c) Realistic. Prior to entering the world of work, the person narrows choices to satisfactory occupations within his reach.

3. Establishment

The individual first enters the world of work. There are two possible approaches:

- a) Trial. One takes a job with the expectation that he will quit and get another if the job is not satisfactory. This is a trial and error method.
- b) Stability. One makes a serious effort to find satisfaction with the job, to incorporate the position into his self-concept and to enhance his self-image.

4. Maintenance

This period may be characterized by change and adjustment of self-concept and work requirements. The person continues in one job, though possibly improving his status in the job or the nature of the job.

5. Decline

The main emphasis at this stage is on keeping one's position, possibly meeting the minimum job requirements. This period ends when the person withdraws from the world of work.

Propositions

Super has developed a number of propositions related to vocational development, which he has modified and clarified over the years. Following are some of the most important:

1. "People differ in abilities, interests and personalities." Personal characteristics vary widely both among individuals and within a particular individual.
2. Individuals are qualified for a number of occupations. One might be successful in many fields or types of jobs.
3. Most occupations require certain patterns of abilities and personality traits but are flexible enough to allow some variety of individuals in each occupation.

   Rarely are the characteristics of an occupation so specialized as to exclude a range of abilities to fill it. A soloist for the Metropolitan Opera is an example of a job that does limit entrance.

   "Vocational preferences and competences, the situations in which people live and work, and hence their self-concepts, change with time and experience, making choice and adjustment a continuous process."

4. As one develops higher-level skills, he may become dissatisfied with his present position and seek greater satisfaction for and expression of his talents. Jobs change, required skills change, work situations are constantly changing, and an individual's self-concept may change. For some individuals, however, this change may produce little or no increase in job satisfaction.

5. "The nature of the career pattern is determined by the individual's parental socio-economic level, mental ability, and personality characteristics, and by the opportunities to which he is exposed."

   Some factors are more important than others. Parental socio-economic level seems to be a highly significant one since values, expectations, aspirations derive largely from the family setting. Chance, too, is often a factor in career development.

6. Development may be guided by--
   a) helping a person evolve interests and abilities;
   b) aiding a person to test reality;
   c) encouraging a person to become self-aware.

7. Vocational development is essentially a process of developing and implementing a self-concept.

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One's vocation is usually an important influence on the self-concept. Everyone seeks to enhance his self-concept, and is therefore attracted to activities that allow him to keep or improve the image he desires. When achievement of this ideal self-image is thwarted, compromise is required. Compromise may result in the individual's feeling frustrated, inadequate, even angry; or it may inspire him to do more to ensure that the compromise is only a temporary situation.

An individual must obtain insight into a variety of occupations in order to choose one that permits him to become the person he wants to be (in his eyes and in the eyes of others).

8. The process of compromise between self-concept and reality and between individual and social factors is one of role playing.

It is not feasible to experiment by actual participation in more than a few actual work experiences. One must match self-concept with job requirements and satisfactions through abstract means. Fantasy, counseling, vicarious experience are therefore necessary for evaluating the suitability of an occupation.

9. Work and life satisfaction depend upon the extent to which one finds adequate outlets for his abilities, interests, personality, and values. Finding these outlets depends upon selecting a way of life in which one can play the roles he considers appropriate.

Work should not negatively affect a person's self-concept.

THE DRUG ABUSER AND VOCATIONAL CHOICE DEVELOPMENT

The VR specialist who works with rehabilitating drug abusers has a special kind of client. Although the services he provides are essentially the same as those offered to any client population, those services must be adjusted to the specialized needs of rehabilitating drug abusers.

Most vocational rehabilitation clients have remained in touch with the establishment. Unlike the drug abuser, they have probably performed and mastered certain developmental tasks according to a fairly standardized schedule. The drug abuser's schedule of vocational development has been interrupted--probably at an early stage.

Drug use patterns and responsiveness to rehabilitation

Drug abusers often depart dramatically from a standard pattern of vocational development, so their needs must be studied carefully if services are to be relevant. Super (1973) and others (Goldenberg, 1972) have noted that those who use marijuana or become addicted to stimulants are likely to be in reasonable contact with reality and the work ethic and will therefore be more amenable to the usual pattern of vocational development and more cooperative with the process. Hence, rehabilitation practices should follow roughly the same schedule as those provided to the nondrug-using population. These clients may be expected to cope reasonably well with developmental tasks, to plan adequately, and generally further their vocational development somewhat systematically.

Those drug abusers who prefer depressants seem to reject the work ethic and to take flight into a youth culture that rejects the normal job development patterns. They are often escapists who are likely to remain arrested in adolescence. Regardless of their age, they are likely to be fixated in the exploration stage of vocational development and hence require services appropriate to that level of development. Habilitation may be a more appropriate term than rehabilitation to apply to this population.

The abusers of depressants are more likely than stimulant and marijuana users to be out of touch with reality and further behind in the developmental process. They tend to resemble the bored and unenthusiastic workers who simply drift along blindly from one meaningless job to another. This phenomenon is common to abusers in their late twenties and early thirties. Such persons need to return to the developmental process from which they have withdrawn and face, perhaps for the first time, the task of identifying and implementing a vocational choice. Though chronologically such persons may be adults they are "vocational adolescents." They need to be provided with exploratory experiences appropriate to adolescents while being treated as an adult. This may mean deferring independence through employment while vocational exploration and training are being provided. Work study programs may accelerate the growth process if supplemented by counseling that will help the client realize the importance of career exploration.

The VR specialist, then, must know where his client is developmentally and be willing to provide or help the client acquire the experiences necessary to progress through the appropriate stages of vocational growth. The process cannot be hurried.

The specialist must know his client and his experiences and must have knowledge of the vocational development process if he is to be of greatest help to his client. A variety of guidance services must be made available in a carefully planned program. It will frequently be the responsibility of the VR specialist to educate the program staff so that these services can be provided. Only a well-planned program will accomplish these goals.

HOLLAND'S MODEL OF VOCATIONAL CHOICE

Assumptions

John Holland (1966) is essentially a personality theorist; his specialty is the area of vocational choice, with emphasis on need theory. He believes that--

1. individuals express their personalities through the choice of vocations;
2. members of a vocation have similar personalities and respond to many situations and problems in similar ways;
3. an individual creates an interpersonal environment by controlling that environment (people and structures) in ways that he finds most comfortable;
4. vocational satisfaction, stability, and achievement depend upon a harmony between the personality and the work environment;
5. there are a limited number of personality types;
6. work environments can be classified in the same way as personality types.

Personality types

Holland believes personality types may be categorized according to (1) expressed or demonstrated vocational or educational interests; (2) employment; and (3) scores on interest inventories (Kuder Personal Preference Record, the Strong Vocational Interest Blank, Minnesota Vocational Interest Inventory, and the Vocational Planning Inventory). The personality types fall into six major categories: realistic, intellectual, social, conventional enterprising, and artistic. Below are descriptions of those categories including the ways in which these personality types characteristically deal with the environment.

1. Realistic

The person whose orientation is realistic deals with the environment in an objective, concrete, physically manipulative way. He or she avoids goals and tasks requiring subjective, intellectual, artistic, or social abilities, and prefers skilled trades or agricultural, technical, and engineering vocations. Such individuals are often described as masculine, emotionally stable, materialistic.

2. Intellectual

The intellectual uses his intelligence to work with words, ideas, and symbols. According to Holland, these individuals like scientific, theoretical, artistic, and mathematical tasks and vocations; They avoid social and emotional situations, practical and conventional tasks.

3. Social

These people employ their skills to manage others. They like social interaction, and prefer educational, therapeutic, and religious vocations. They work well in community, governmental, and dramatic activities, and see themselves as sociable, cheerful, conservative, responsible, achieving, and self-accepting. They have high verbal, but low mathematical ability.

4. Conventional

Conventional persons deal with the environment by choosing goals and activities that provide social approval. They create a good impression by neatness, sociability, conservativeness. They do well at clerical and computational tasks and they value economic matters, seeing themselves as shrewd, dominant, controlled, rigid, and stable. They differ from social persons by having greater self-control and by being more hard-headed.

5. Enterprising

The enterprising person is adventurous, domineering, enthusiastic, impulsive, persuasive, verbal, extroverted, confident, and aggressive. Such a person performs well in sales, supervisory, and leadership positions and enjoys athletic, dramatic, and competitive events. He or she does not like confining, manual, nonsocial activities. (The enterprising differs from conventional by being more sociable, original, adventurous, and aggressive, and less responsible, dependent, and conservative.)

6. Artistic

The artistic response to the environment is to create art forms. Artists make judgments according to their subjective perceptions, and fantasize in problem solving. They have greater verbal than mathematical abilities, and may see themselves as unsociable, submissive, introspective, sensitive, impulsive, and flexible. They prefer musical, artistic, literary, and dramatic vocations and activities.

Holland believes that there are corresponding work environments in which these personality types find personal satisfaction. Descriptions and examples of the work environment categories are given below.

Work Environments

1. Realistic

   Involves concrete, physical tasks requiring mechanical skills, persistence, movement; requires a minimum of interpersonal skills. Typical setting: farm, construction site, barber shop, garages.

2. Intellectual

   Involves abstract and creative abilities rather than personal perceptiveness; demands imagination, intelligence, use of intellectual tools and skills, working with ideas more than people. Typical setting: library, research laboratory, diagnostic conferences, work groups of certain specialists.

3. Social

   Involves interpretation and modification of human behavior, caring for or dealing with others; demands frequent and prolonged personal relationships; work hazards are primarily emotional. Typical setting: school, college classroom, churches, mental health facilities, recreation centers.

4. Conventional

Involves systematic, concrete, routine processing of verbal and/or mathematical information; tasks often repetitive, short-term, routine; requires a minimum of interpersonal skills. Typical setting: bank, post office, business office.

5. Enterprising

Involves verbal skill in directing or persuading others, demands controlling, planning of others; the need for an interest in others is less intense than in the social environment. Typical setting: real estate office, political work, advertising agency, car lot.

6. Artistic

Involves creative and interpretive use of artistic forms; demands ability to draw upon knowledge, intuition, emotional life in problem solving; may require intense involvement for long periods. Typical setting: theater, library, art or music studios.

SUMMARY

The VR specialist working with rehabilitating drug abusers must consider the unique needs of his clients, most of whom will require substantial aid in vocational development. The specialist, therefore, should be thoroughly familiar with procedures for assessing clients and collecting essential information on self-concept and vocational aspirations.

Rehabilitation planning will depend, in large measure, on the VR specialist's complete knowledge of the client's vocational development thus far. Only then can the specialist assist the client in acquiring the necessary experiences that will allow him to proceed with the steps leading to vocational growth.

To be truly effective, the vocational development process should include a variety of guidance services. The VR specialist may often be required to educate the program staff so that these services can be provided. Only a well-planned program can accomplish the desired goals; the VR specialist is a key figure in planning and implementing such a program.

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CONTRACTING AND GOAL SETTING

I. Creation of goals, establishment of contract
   A. The nature of contracts
   B. Phases in developing contractual treatment plan
      1. Exploration of intent
      2. Establishment of mutually agreed upon goals
         a. Attainable
         b. Clearly stated
         c. Measurable
         d. Time-phased
      3. Consideration of responsibilities
      4. Identification of consequences
      5. Selection of means of evaluation
         a. Who will evaluate
         b. How will client be evaluated
         c. What will indicate success

II. Summary

CONTRACTING AND GOAL SETTING

The creation of attainable goals and the establishment of a treatment contract are two of the most critical issues in effective rehabilitation. There are three prerequisites to meeting these issues:

1. An understanding of the client's background
2. The support and assistance of the treatment program for the client
3. A philosophical approach to the successful reentry of the client to gainful employment

THE NATURE OF CONTRACTS

A contract, as applied in the vocational rehabilitation setting, is an agreement between a client and the VR specialist. It is entered into for the purpose of effecting growth and change in a client; its goal is to make the client self-sufficient through employment. The contract defines the client's goals for successful job placement and clearly states the means that must be employed to achieve them. Further, it defines the scope of behavior expected from both the client and the specialist.

It is important to remember, however, that the contract is not a rigid document whose contents can never be altered. As new needs or problems arise the contract should be readily open to renegotiation by either the client or the specialist.

The goal is an important component of a treatment contract. It is an explicit statement of a wish, desire, or intention that will be realized within a specific period of time through a specific course of actions, by employing specific behaviors. The goal must be realistic and attainable within the time period estimated.

A contract is stated simply, and specifically, in commonly understood language. It answers the question, "How will you and I know when you get what you are working for?" To illustrate: rather than say that he is working toward getting a job, a client might say, "I want to complete my G.E.D. by June (3 months) in order to get a job with the telephone company as a lineman."

A contract negotiated between the client and the VR specialist is an outcome of the following processes:

- Assessing the client's current strengths, skills, abilities, interests, vocational preferences, lifestyle, and behavior patterns (The assessment is made through personal interviews with the client, psychometric testing, interviews with program staff--or reviews of case history materials--and any other sources of information that may be available to the specialist.)

- Feeding back to the client the specific information that the specialist has learned (This should include perceived problems and concerns pertinent to the client's vocational placement. Such information represents where the client is now, or condition "A".)

- Clarifying with the client what goals he would like to accomplish as an outcome of the rehabilitation process (These projected goals represent what the client would like to achieve in the future, or condition "B".)

The acceptance of a contract by the specialist also assumes that the specialist is capable of helping the client meet that contract. In the above example, the specialist is responsible for: 1) knowing the telephone company's policy toward hiring rehabilitated drug abusers; 2) knowing the specific educational and skill requirements for the lineman job; 3) determining the compatibility of the work and work environment with the client's "personality profile"; 4) being prepared to pave the way for the client through contacts with the personnel office; and 5) having information about what the client should do to prepare for the G.E.D.

FIVE STEPS IN TREATMENT CONTRACTING

Five steps are required in developing a contractual treatment plan:

1) Exploration of intent

2) Establishment of mutually agreed upon goals

3) Consideration of responsibilities

4) Identification of consequences: rewards for success, Costs for failure

5) Selection of a means to evaluate change or realization of goals

Each of these steps represents a vital component of the contractual treatment process. The elimination of any one of them jeopardizes the probability of successful rehabilitation. During any of these steps, however, the contract can be renegotiated or amended to fit particular situations or needs that may arise. Each of the steps is analyzed in the following discussion.

Exploration of intent

As in most situations, the client and the specialist will explore each other's intentions, directly and indirectly, during their first meeting. The specialist will want to know why the client is in the program, whether he is motivated to change his behavior, what changes the client has in mind, what role the client sees the specialist playing throughout the process, and what will indicate that the planned change has been accomplished. The client will want to know about the specialist and about the program. (For example, what is the motivation of the specialist, and how does he intend to help?)

Establishment of mutually agreed upon goals

Mutuality implies that both the client and the VR specialist know and agree on what they are working toward; mutuality should be emphasized while preparing the contract. The specialist must not simply accept any goal the client presents; he must now allow the client to believe they are both working toward the same goal if they actually are not. The specialist's own interest, competencies, and ethical standards should place limitations on what he is, and is not, willing to help his client accomplish. (Krumboltz, 1968)

The specialist and the client should agree upon goals that are:

- Attainable. The projected changes must be realistic, yet challenging, and within the reach of the client, considering his skills, knowledge, psychological state, and readiness for work. The skills and support available from the agency should also be taken into consideration.

- Clearly stated. The goal statement should be specific and include reference to the precise attitude, behavior, thought, or feelings that may need to be developed in order to attain a goal.
- Measurable. The stated goal must contain elements that can be objectively appraised.
- Time-phased. A period of time should be specified during which the goal is expected to be attained, so the client's progress toward that goal may be evaluated.

Consideration of responsibilities

What is expected of both parties? The specialist offers time, skills, support, and professional knowledge to the client. The client makes a commitment to behave in one or more different ways. Each party must know what the other will do in order to facilitate the completion of goals and make good the entire contract.

According to M. Holloway and W. Holloway (1973), the client has the major responsibility both for setting the goal for change and for attaining the change. This clear statement of responsibility avoids the establishment of a dependency relationship with the specialist. When both the client and the specialist establish the mutual contract, the specialist is no longer the caretaker of the client, but rather an equal participant in the process of change.

Holloway and Holloway also emphasize that both the client and the specialist must know precisely what each means, in language that is clear. In developing the contract, the specialist must not make promises to the client. Promises negate the equal role of the client and specialist, and may create or re-create the dependency relationship.

It is the responsibility of the client to specify "where he is" currently (condition A), and where he wants to go (condition B, the goal). Once the client spells out all features of condition A and condition B, he then details a plan that would take him from A to B. The Holloway approach asks two questions of the client at this point: (1) What must you do to get from condition A to the desired state of condition B? (2) How do you stop yourself from reaching condition B? With these guides, the client will identify new behaviors to be developed and then instituted, and old or current behaviors that will be discontinued.

Identification of consequences

What happens if the client does or does not complete a goal? The establishment of a goal is meaningless unless it has some value to the client. The value can usually be found in the awareness that the successful completion of a goal will lead to something of higher value; e.g., a better job, a more stable marriage, or a new skill.

Consideration should also be given to the consequences of not attaining a goal (or goals). What changes will not occur if a prescribed plan is not followed? Are there methods of punishment that will be initiated if the client fails to comply with the contract, such as withdrawing weekend pass privileges or demotion in work activities?

Selection of a means to evaluate changes

If goals are accurately stated in terms of the behaviors to be changed or learned, the evaluations of those changes can be measured by observation of the specialist or a third party. Both client and specialist should agree on how the client's work progress or attainment of goals will be evaluated. This consideration must include:

- Who will evaluate? (employer, client, counselor)
- How will client be evaluated? (examination, employer references, urinalysis, on-the-job observation)
- What will indicate success? (doing something within a certain period of time, being able to complete a task in a given percentage of the time)

At this point both parties implement the evaluation procedure. Given the results, amendments are made or a new contract is drawn directed toward new skills, attitudes, feeling, or thoughts.

The contracting process is a cyclical one. Once initial goals have been completed, new contracts are made for continuing success. If goals are not met, a new contract can be made for attempting to realize those goals again.

SUMMARY

The importance of contracting and goal setting in rehabilitation cannot be stressed enough. The contract enables the specialist and the client to define clearly and explicitly what changes the latter wishes to make and the means necessary to accomplish these changes.

In developing the contract the specialist needs to know as much as possible about the client (aspirations, interests, abilities) so that he can help the client establish a realistic view of his present situation and his projected goals.

Each step in the five stages of contractual planning is vital to the overall process. Together the client and the specialist work out mutually agreed upon, attainable goals, define responsibility for executing the contract, determine the consequences of unrealized goals, and decide on a method of evaluation.

Contracting is a fluid process and the contract can always be modified or amended if the client or specialist deems it necessary. It is also an ongoing activity: completion of one goal may precipitate the desire for another contract--the total process begins anew.

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Client Role Profile #1: John Jones ("June Bug" or "Junie")

You are a 19-year-old black man who has been a resident of the Tomorrow House Drug Treatment and Rehabilitation Program for six months. You are now drug free. You were referred to the program as a condition of your probation. You were "busted" for shoplifting seven months ago. You supported your fairly heavy habit by shoplifting and selling the articles to a neighborhood "fence." Upon entering the program, you were hostile, uncooperative, distrustful and uncommunicative. However, the program staff was patient and you eventually lowered some of your defenses. You seem to be moving toward readiness to leave the program and have been seeing the vocational rehabilitation specialist for about three weeks. You know how these things work and you don't expect very much. Your perception is that the specialist will just get you a job...any job so that you can leave the program. You don't expect to have to do very much except tell the specialist what kind of job you want.

Personality Characteristics

You are "street-wise," cocky, distrustful, generally a loner. Your language skills are generally poor and more suitable for the street than conventional society. You are often frustrated by your inability to express ideas. You generally lack assurance and experience anxiety in situations that you are unable to control. You have been working very hard through your therapy group to control your temper, which often erupts into physical violence.

You are prone to periods of depression, at which time you close yourself off from others.

You have only recently discovered that you become anxious and suspicious when people try to get close to you. You have no close friends. You have had no satisfactory relationships with women.

You are a highly structured person. You like to have things neat and orderly. You don't mind routine and have no difficulty following a schedule as long as nobody nags you.

Educational Background

You dropped out of school in the 10th grade after extensive periods of truancy. Although you were considered "bright" by your teachers you consistently performed poorly. You felt hasseled by your teachers and inferior to most of your classmates.

Employment History

Your employment history is spotty. You have never worked for more than three months at a time since leaving school at 15. You worked as a bagger in a supermarket, a produce loader in a large produce market, and a delivery boy for a neighborhood pharmacy. You were best at shoplifting and have only been caught once in many years.

Each of your jobs was terminated after fighting with the foreman or supervisor because you felt they were pushing you around.

Interests and Skills

You have never really cultivated any hobbies, but since coming to the program you have developed an interest in photography. You have shown a talent for composition and your pictures, although still somewhat amateurish, have been hung in the house and admired by the residents. You enjoy puttering in the darkroom and wandering about alone, looking for subjects to photograph.

You do not feel or believe that you have any salable skills.

Vocational Aspirations

You have become really impressed with the way the program staff has responded to you here. You think maybe you would enjoy being a counselor working with young people, but you have no conception of how to learn to do that. Beyond that notion you have no idea of what you would like to do except for just getting a job to be able to support yourself. You have no concept of work as meaningful and tend to view it as a means to an end--money to pay your way.

VOCATIONAL REHABILITATION SPECIALIST'S DATA SHEET

Client Profile #1: John Jones ("June-Bug" or "Junie")

Black, Male, 19

Single

Drug: Heroin - Detoxified on methadone - Currently drug free

Referral Source:

Junie was referred six months ago to Tommorrow House by the Court after being convicted of shoplifting. He has had only one previous contact with the Court as a juvenile for being ungovernable and beyond the control of his parents.

History

Junie is a 19 year old, black male who dropped out of the 10th grade at 15. He has a mother and three sisters but left home shortly after dropping out of school. He has been on his own, living where he could, never staying in one place very long since that time.

Drug History

He has been addicted to heroin since the age of 16 with no more than a week of abstinence in the last three years. Prior to using heroin he had experimented with various drugs, mostly sedatives, as early as age 10.

Psychological Evaluation

Junie was seen by a psychologist for psychometric testing. The following tests were administered:

Wechsler Adult Intelligence Scale
Thematic Apperception Test
Bender Visual Motor Gestalt Test
Human Figure Drawings

Results:

Verbal Scale I.Q. - 128
Performance Scale I.Q. - 125
Full Scale I.Q. - 128

Junie's I.Q.'s on the WAIS placed him in the superior range of intelligence. He shows considerable artistic ability.

He appears to be a very angry young man who has poor impulse control. He has great difficulty in expressing himself constructively and often resorts to physical violence at the slightest provocation, real or imagined. Authority figures, real or perceived, are often the object of his verbal or physical abuse. Junie has a low tolerance for anxiety and frustration.

Junie expresses feelings of anxiety and insecurity in situations where he does not have control (of himself or of the situation.) His interpersonal relationships are characterized by suspicion and distrust. He admits to feeling angry and sometimes frightened when people attempt to get too close. However, his interpersonal behavior has shown marked improvement in the program in that he is able to joke with other residents and to generally join in the repartee.

Junie accepts structure and routine but prefers to follow through on his own. He becomes resentful if directed to do something. He is able to attend to his physical needs quite well and his hygiene habits are good. He takes pride in his personal appearance.

In summary, Junie is an adolescent of superior intelligence who sees himself as inadequate and insecure. He presents himself as an anxious, immature, dependent young man. He has apparently resorted to drugs as a means for adapting to the stresses of adolescence. The availability of heroin and the acceptance of drug abuse by his peers undoubtedly contributed to his choosing drugs as a means of adapting. Drugs apparently have allowed Junie to experience himself as less inadequate and more secure. They have created for him an identity and a way out of his feelings of isolation.

Vocational Characteristics

Junie has few identifiable skills because of his impoverished experiences in growing up. He does, however, take pride in

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his skill in shoplifting.

Despite his poor language skills and his inability to communicate feelings and ideas verbally, he learns quickly.

Junie shows definite talent as a photographer. He has a good feel for composition and has done some excellent portraits and still life photographs. Until now, Junie has been unaware of his creative potential.

Junie, leaving school in the 10th grade, was an underachiever and truant through most of his school career. He can specify no subject that was of particular interest to him.

Vocational History

Junie's previous work history is limited. He has had three jobs, none of which he held for more than three months. They were bagging in a supermarket, loading produce, and delivering for a pharmacy. Each job was terminated after an altercation with a supervisory person.

Client role profile #2: Joanne Brown

You are a 25-year-old black female who has been in treatment at Tomorrow House for the past eight months. You came into treatment voluntarily. You have been using drugs, mostly heroin, for about six years; your girl friends introduced you to heroin, and you enjoyed the high. Although you are in good health, you have a tendency toward high blood pressure, and the problem is particularly bad when you go through one of your frequent periods of depression. During these periods, you cry a lot, express a wish to be dead, and have admitted yourself to a hospital in order to "get yourself together." Since you have been at Tomorrow House, you have been drug free, but you often feel overwhelmed by the stress of daily living.

Personality Characteristics

In the ninth grade you quit school to have a baby, but you completed school and didn't marry the father of your child until you were 18. It was around this same time that you began to use drugs. You soon left your child and husband and began a relationship with your present boyfriend (who is twelve years older than you) because he helped support your habit. After knowing him for a few years, you moved in with him, and the two of you have been living together for four years.

Your son, who is now 10, has a learning disability.

You feel guilty about leaving your husband and son. You also feel that you have let your family down: they are Jehovah's

Witnesses who take their religion seriously. One of your younger sisters tries to understand your situation, but the other one is openly critical. Although you all grew up in an intelligent, religious, middle-class family, you seem to have deviated radically from your family's expectations. You often wonder what effect your parents' divorce had on you. You were only five at the time; however, you chastise yourself by saying that both of your sisters were even younger, and they seem to be doing O.K. You feel so unworthy that you often refer to yourself as a bitch.

One of your problems is that you have a hard time expressing your feelings except through tears; you can't seem to say how you feel. To avoid getting in touch with your own feelings you concern yourself with how other people are doing and whether you can help them.

Educational Background

Although you interrupted your education to have a baby, you did graduate from high school. You test at a level of average intelligence; your best test scores were on social comprehension and judgment, lowest on ability to perform abstract reasoning. On the performance test, your best score was on the ability to construct familiar objects from their component parts.

Employment History

You have quite a few salable skills: typing, filing, and limited shorthand. However, you have a poor employment history.

Of the seven jobs you've held, you were fired from two and you left the rest because you have difficulty dealing with any kind of criticism.

Interests and Skills

Apart from the clerical skills you have, you seem not to be able to do much else. You have no hobbies, and express no particular interest in anything.

Vocational Aspirations

You seem so overburdened with simply trying to "stay on top of things" that you really haven't considered a job or career. Most of your past jobs were in insurance agencies, but you haven't thought about whether you liked that kind of work because you were too depressed and defensive about the personal interactions that took place.

VOCATIONAL REHABILITATION SPECIALIST'S DATA SHEET

Client Profile #2: Joanne Brown

Black, Female, 25

Separated

Drug: Heroin - Detoxified on methadone - Currently drug free

Referral Source

Joanne joined the Tomorrow House drug program as a self-referral eight months ago.

History

Joanne is a 25-year-old black female presently separated from her husband. She has been living with her 37-year-old boyfriend for four years. Joanne has one 10-year-old boy, who has a learning disability.

Very neat in appearance, she is slightly plump and in good health. However, there is an indication that she has high blood pressure.

When she was five, her parents were divorced. She has two younger sisters; one who is very critical of her lifestyle and the other more concerned and understanding. Her family is middle class, very articulate and intelligent. They are Jehovah's Witnesses.

Joanne left school in the ninth grade to have a baby but returned and completed school through the 12th grade. At 18 she married the father of her child.

Drug History

She began using drugs, mainly heroin, in 1967. At the time, she was working and using the income from her job to support her habit. She was introduced to drugs by her girlfriends. Joanne reports that drugs gave her a euphoric feeling that she enjoyed.

Continuing with her drug use, she left her husband and child and began a relationship with her present boyfriend who helped to support her habit.

Psychological Evaluation

Joanne tests at average intelligence. In the verbal area her highest score was on social comprehension and judgment. In the performance area her highest score was on the ability to construct familiar objects from their component parts. In the verbal area her lowest score was on the ability to perform abstract reasoning.

Joanne's self-esteem is low, and she has guilt feelings about her husband, child, family, and religion. She sees her problem but cannot make a decision. She refers to herself as unworthy, as a bitch.

She is emotionally depressed and fearful; she has mentioned suicide. The pressures of her guilt are sometimes so overwhelming that she undergoes weeks of depression accompanied by high blood pressure, crying spells, suicidal desires, or admittance to a hospital to "gain control" and get herself together. Moreover, she never verbalizes her feelings and neglects her needs, concerning herself with others instead.

Vocational Characteristics

In general, Joanne has several salable skills: typing, filing, and limited shorthand. However, she has little confidence in herself and has often left jobs when criticized by a supervisor. She seems willing to work but she has not held a job for more than several months at a time.

Joanne's interests are limited and she has no hobbies.

Vocational History

Joanne has held seven jobs, five of which she left and two from which she was fired because she couldn't get along with the people in her office. She has worked in insurance company offices and in the main office of a large credit firm.

OBSERVER GUIDE

ROLE

Your role is to observe the specialist's attempts to help the client set goals and develop a contract for treatment and rehabilitation. You are to be a silent observer during the 20 minutes allotted for specialist-client interaction, using the guidelines suggested below to organize your observations and reactions for feedback after the interaction.

Remember that your task is intended to provide information that will be useful to the specialist in helping him master the skills being practiced. Feedback is NOT useful if it is punitive criticism, nor if it is a "whitewash" of important areas of skill deficiency. Keep in mind that you'll play the specialist role also, and try to share your observations in the way you'd like observations shared with you.

You may use this sheet to record the notes of your observations if you wish.

NOTES

1) a. What did the specialist do to facilitate clarification of the client's motivation for entering the program?

b. How effective was this?

2) a. How did the specialist help the client to set goals for treatment? Were they arrived at mutually?

b. Were the goal(s) attainable, clearly stated, time-phased and measurable?

3) a. How carefully were mutual expectations and responsibilities considered?

b. How much emphasis was placed on the responsibilities of the client? Of the specialist?

4) How clearly were the consequences of success or failure in attaining the goal(s) projected?

5) Were clear-cut criteria for measuring progress toward the goal established? How was this done?

6) Write your overall reaction to the specialist-client interaction below.

Module 7
Resource Paper
Topic Outline

THE NATURE OF THE HELPING PROCESS

I. The Helping Relationship
  A. Joint Interaction and Exploration
  B. Mutual Trust
  C. Characteristics Necessary for Helper
    1. Empathy
    2. Respect
    3. Concreteness
    4. Genuineness
    5. Self-disclosure
    6. Immediacy
    7. Confrontation

II. Dynamics of Helping
  A. Important Variables in a Helping Relationship
  B. Understanding Different Roles

III. Client Growth Processes

IV. Some Principles of Giving Help
  A. Leading Client through Solution Process
  B. Helping Client Understand Problem
  C. The Helper as a Sounding Board
  D. Questions for Helper and Client

V. Summary

THE NATURE OF THE HELPING PROCESS

Designations such as counseling, teaching, guiding, training, education, and psychotherapy have been used to describe the helping process. Each of these processes has in common that the person helping is trying to influence and therefore change the individual who is being helped. The expectation, furthermore,is that the direction of change will be constructive and useful for the recipients by clarifying their perceptions of the problem, bolstering their self-confidence, modifying behavior, and developing new skills.

THE HELPING RELATIONSHIP

The question for you, the helper, is how best to handle this vital but often delicate relationship in such a way that the recipient gets the most benefit from it. A number of writers have explored the dynamics that can affect the success of the helping relationship. Perhaps the easiest way to understand these dynamics is to put the shoe on the other foot: imagine yourself with a problem that may seem embarrassing, humiliating, impossible to solve, or perhaps so trivial that it seems pointless to waste someone's time (in which case the problem may not actually be the same as your definition of the problem). Couple that with being in a program that, no matter how good or humane or egalitarian, classifies you as a person who needs special attention in order to make it. With that picture in mind, you may begin to see that asking for help sets up a very special kind of relationship between the helper and the person needing help, one that requires careful handling to be successful.

The helping process involves continuous interaction between two people. Because two people are involved, they must recognize that theirs is a joint exploration of a problem; it is not a classic teacher-pupil relationship in which one person talks and the other listens. In fact, as Truax and Carkhuff (1967) have pointed out, the "helper listens more than the individual receiving help."

The helping relationship, like any other, requires that mutual trust be established. Sometimes it may be tempting to think that only the recipient needs to feel trust, but (and this point cannot be overemphasized) the helper is a person with needs, too.

Truax and Carkhuff (1967) also discuss several other aspects of the helping relationship that should be kept in mind by the helper. They have identified seven characteristics that should be present in any helping relationship:

- Empathy--the ability to see the world through another's eyes
- Respect--the ability to care for and trust another person
- Concreteness--the ability to focus on specific events, to discuss problems in realistic terms, to avoid abstractions
- Genuineness--the ability to be as sincere as possible, to respond to the recipient as a person, to not play a role, to be openly oneself
- Self-disclosure--the ability to share personal feelings and

beliefs with the recipient

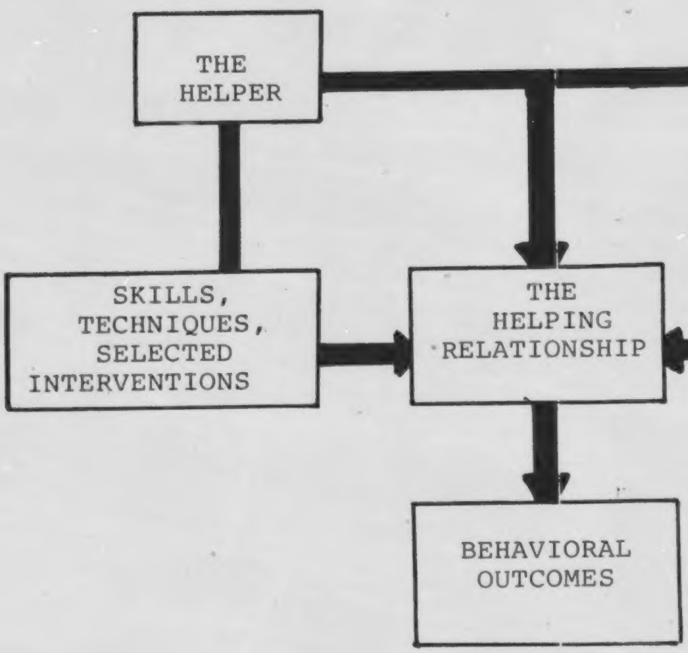
- Immediacy--the ability to assess the interaction taking place and understand, respond to, and discuss the feelings that are being expressed during the interaction; the ability to talk about the present while speaking with the recipient
- Confrontation--the ability to "tell it like it is" without worrying that one might be accused of being harsh, unfair, or too honest

The Dynamics of Helping

Just as the recipient must feel that the helper really cares, the helper must believe that the recipient genuinely wants to change something about his life. Both people have needs, beliefs, anxieties, values, and lives quite outside the relationship; but the relationship that develops between them is unique, dynamic, and different from any relationship the helper may have with other recipients.

Four variables are important in this relationship:

1) The helper
2) The client
3) The problem
4) The techniques or intervention


THE HELPER
THE CLIENT
SKILLS, TECHNIQUES, SELECTED INTERVENTIONS
THE HELPING RELATIONSHIP
PROBLEMS, NEEDS, BEHAVIORS, FEELINGS
BEHAVIORAL OUTCOMES

As you can see from this diagram, each person brings different skills, needs, and feelings to the situation. While they may share many common characteristics (as noted earlier) each has a special and different role to play in the helping relationship. Since you will be working as a helper, it is vital that you understand both how the role of helper differs from other role relationships, and what things you can do to put the role to best use. It is also important that you understand the phases the client goes through in the helping process.

Client Growth Processes (Dendy, 1974)

The growth process on the part of the client involves many phases that may occur at varying rates, ranging from days to years. Clients may demonstrate varying levels of success with each of these phases. The following are some of the phases that may be involved in this growth process:

1) Owning of Feelings. The client shows immediate and free access to his feelings, expresses them in a genuine manner and is able to identify their source or origin.

2) Self-Exploration. The client is actively and spontaneously engaged in an inward probing to discover feelings about himself and his lifespace around him. This includes his value system, his attitudes, beliefs, opinions and his rational processes.

3) Internalization. The client knows and trusts his feelings as belonging to him, and does not attempt to rationalize them or explain them away as belonging to something or someone outside himself.

4) Commitment to Change. The client is deeply involved in confronting his problems directly, and clearly expresses verbally and behaviorally a desire and commitment to change his behavior. This indicates the client's willingness to take responsibility for his own behavior.

5) Differentiation of Stimuli. The client perceives the different stimuli in his world, and avoids stereotyping vaguely similar stimuli. This includes his value clarification and a restructuring of some attitudes. He differentiates between his own characteristics and those of others. He no longer says, for example: "Nobody likes me," "Why can't I be happy like everyone else," or "I'm totally inadequate at everything I do!"

6) Exploration of and attempts at new behavior. The client sets realistic goals for problem solving and is actively engaged in seeking alternatives suitable to himself. He experiments with new behaviors, keeping those that work and rejecting those that do not work. In effect, he has taken some interpersonal risks and discovered that actively engaging himself in new experiences is much more rewarding than passively fantasizing or worrying about outcomes.

7) Integration of new behavior. Effective behavior is incorporated into the client's repertoire.

SOME PRINCIPLES OF GIVING HELP

David Jenkins (1971) has indicated some of the things that a successful helper does or does not do. Let us briefly review these suggestions.

One of Jenkins' cardinal rules is that the helper does not take over the problem. Others have stated this as, "Give a man a fish and he'll eat for a day; teach him to fish, and he'll never be hungry." The same principle applies here: the helper cannot really solve the problem--he can only lead the client through the solution process, pointing out milestones along the way and providing support and encouragement.

With that guiding principle in mind, one of the most important contributions the helper can make is to be sure that the recipient really understands what the problem is. A client may complain about the bus route and how he can never make it to work on time; with a little sensitive digging the helper may discover that the real problem is not the bus but the fact that the client's wife stays home for half an hour longer and the client wants to be with her. In such a case, the problem might really be that the couple can't find enough time together. But arriving at this redefinition of the problem is no simple matter. Questions must be posed in a way that the client doesn't feel he's being interrogated (and, often, disbelieved). Jenkins points out that the helper must be able to express an understanding of the difficulty without making the client feel inadequate or that it is foolish to have a problem. A simple but sincere statement such as "I can see that this situation is really upsetting you and I can understand that you feel unstrung by it" is sometimes as much help as actually finding a solution.

More often than not, a person just needs a sounding board--someone who will listen patiently and empathically--so that he can get all his thoughts out and then begin to put them in order for himself. Listening is not just a matter of taking in words. You have probably experienced the difference between someone who listens "with a third ear" and someone who just consumes words. The good listener indicates by words and actions (a nod of the head, an encouraging smile) that he understands and feels what the speaker is saying. He hears between the lines, as it were. The good listener helps the talker talk--guides him through alternative solutions without endorsing any one course of action. Using this approach, the helper allows the client to feel that he is solving his own problem and that he is capable, resourceful, and intelligent. Such an approach also requires that the listener keep his ego out of the picture--he isn't listening and talking to show off what a superior creature he is; he is there to help, not perform. Jenkins(1971) poses some questions for both helper and client that are provocative for anyone in either role. They also will give you more insight into some of the delicacies of the helping role:

As a Giver--

1) Can you avoid feeling flattered (and seduced) by his coming to you for help? Ask yourself whether he would better have gone to someone else or not yet to anyone?

2) Can you keep from feeling a little superior or "one-up" on him? Can you resist the temptation to display your brilliance or your experienced wisdom at the expense of his ego? A quick answer may be an insult; it implies that you can with your little finger lift a load that has bowed him down. Besides, it will probably be wrong; if the answer were so easy, would he not have found it long ago?

3) Can you listen well enough to sense how he is doing and feeling the problem? Can you let him begin with the point that is hurting him, even if it isn't the way you would tackle it? Can you squelch any early impulse to correct his facts, to challenge his interpretation, to pin him down where he is vague, or to conduct a cross-examination? Can you by nods, and mm-humm's signify that he is being helpful, that he is making sense, that he should go on talking, that you are still struggling to understand?

4) Can you keep responsibility always on his shoulders, resisting the temptation to take over, to say (by implication) leave it to me; my shoulders are strong; my talents are great; my heart warm? Remember that you and he together are trying to help him make progress in the analysis of a situation. The only interpretation on which he can act effectively is the one he himself achieves. Often enough your best contribution will be to serve as a sounding board while he thinks aloud toward his own solution. If this happens, he will grow in self-confidence because it was he, not you, who turned the trick.

5) Can you curb your impulse to start making suggestions and proposing action before the two of you have really diagnosed the trouble? Most consultation fails to spend time enough in getting a grasp of the true problem. Quick recommendations usually bypass the real difficulty. It is often helpful

to start on the assumption that what the inquirer needs is better questions rather than better answers. Quite possibly, if you encourage him to keep looking at the problem, he will redefine it for himself.

6) Can you keep those associations that recall your own previous experiences well in the background? Can you resist the impulse to say, I met the same situation sometime back? Because, despite some similarities, the two situations are not really the same. Bear in mind that what worked well for you at a different time and place and with different individuals may be the wrong line for him now.

7) Can you accept his resistance to your helpful ideas? It is easy to be irritated when someone asks your advice and then fights it. It may help to keep putting yourself in his shoes and realizing that it is tough to have to face a situation you can't readily cope with; it is tougher to ask for help; it is toughest to have to change one's previous ideas, attitudes, ways of acting. Give him time to wrestle with these mixed feelings.

8) Can you accept being unhelpful? Consultations become unprofitable when the dominant motive is the helper's need to prove that he can help. A major part of self-acceptance is willingness to admit limitations without defensiveness or apology. Not everyone who comes to you with a problem will find you helpful. Recognize this as a fact; sometimes it may be due to some failure in you; but sometimes it will be inevitable. It is not a virtue to demand of oneself omniscience and omnipotence.

SUMMARY

Effective helping relationships have the same elements and characteristics as meaningful interpersonal relationships. The counseling relationship is a complex interaction of two human beings each of whom brings his own values, attitudes and perceptions of the world to the encounter. Despite the client's perception of the helper as a person who has all the answers, the helper must resist solving the problems unilaterally. When the counselor gets trapped into solving the client's problems for him, it is often because both parties are attempting to effect immediate and dramatic change. Some pressure can be alleviated if the helping relationship is viewed as a growth process. Growth in this context means dynamic, ongoing, experiential learning where the rewards or the payoffs far outweigh the negative reinforcers.

Helping is a two-way process for the client and the helper. Each takes away new growth and learning experiences as a result of the helping relationship.

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Dendy, Robert. Theory and Rationale of the Counseling Relationship, Counselor Training: Short-Term Client Systems Course. Arlington, Virginia: National Drug Abuse Center, 1974.

Jenkins, David. The Helping Relationship. Unpublished Paper, 1971.

Truax, Charles B., and Carkhuff, Robert R. Towards Effective Counseling and Psychotherapy: Training and Practice. Chicago: Aldine Publishing Co., 1967.

PROBLEM SOLVING IN THE COUNSELING RELATIONSHIP

PHASES AND STEPS

This resource material defines specific phases and steps of a problem-solving session and gives examples of interaction between the listener and the speaker (helper and helpee) for each step.

Phase I: Identifying the Problem

Steps 1 through 6

1) Assist the client in defining the problem.
2) Focus on final problem-solving goal with the client.
3) Identify ways in which the client may be avoiding solving the problem.
4) Explore the price the client pays for not solving the problem.
5) Explore how the client feels about solving the problem.
6) Identify with the client the rewards he or she gets for not solving the problem.

Phase II: Exploring Alternatives

Steps 7 through 9

7) Identify with the client alternative solutions to the problem.

8) Clarify rewards and punishments attached to each alternative.

9) Explore and clarify with the client how he or she feels about each alternative.

Phase III: Setting Goals and Objectives

Steps 10 through 12

10) Assist the client to identify initial changes he or she might make to reach the final problem-solving goal.

11) Help the client determine the amount of initial success he or she needs to continue the problem-solving process.

12) Explore alternatives the client might take to the initial plan, if the plan is unsuccessful.

Phase IV: Testing Out Plans

Steps 13 through 15

13) Assist the client in organizing the order of activities needed to reach problem resolution.

14) Assist the client to identify ways in which he or she might defeat the testing-out process. (How will the client stop himself from solving the problem?)

15) Identify with the client the things he or she may be afraid of in testing out the solutions.

THE COUNSELING SESSION

The following is a dialogue from a counseling session conducted by a VR specialist with a 35-year-old inactive addict who is being seen on an outpatient basis through a drug treatment and rehabilitation program.

Mr. S., the client, has had several jobs since completing his treatment program, but loses them for various reasons after a short period of time.

In the situation that follows, Mr. S. has just lost a job that the VR specialist has helped him get.

The VR specialist's objective for this session is to help Mr. S. clarify the problem and to establish some ways of solving it.

The trainers or selected participants will role play this interaction between a vocational rehabilitation counselor and a client. The written dialogue is provided to help you follow the interaction. At the conclusion of each step in the problem-solving sequence in the dialogue you will find an analysis of the interaction at the bottom of the page. At the conclusion of each phase there is a "Stop, Discuss" notation at the bottom of the page. The trainer will lead a discussion of what has happened in the dialogue to that point.

EXAMPLE I

Client: Here I am back on the street again with no "gig." Something always seems to go wrong. I don't know what happens! Man I'm so sick of this shit, I don't know what to do! (emphatically and wearily)

Specialist: This is the fourth job you've lost in as many months and you're confused now about what happens to make you lose them? (questioning)

Client: Yeah I guess so! It's not my fault . . . I just try to do what I'm supposed to do and somebody always starts f_ _ _ ing with me.

Specialist: Is that what happened with this last job?

Client: Yeah!

Specialist: Will you tell me what happened that led up to your losing this last job?

Client: Well I didn't exactly lose the job, I quit! (angrily) My s.o.b. foreman was always breathing down the back of my neck and so I got fed up and told him to take his goddamn job and stick it!

Specialist: So having the foreman always watching and directing your work made you very angry, is that it?

Client: Yeah, everytime I turned around, there the bastard was, telling me to do this and that. Pissed me off!!

Specialist: You were so pissed off by then that you felt you had no alternative but to quit?

Client: Man I can't stand nobody always telling me what to do. He was always bugging the other men too. We were all pissed off at him.

Specialist: Did you feel singled out, although his behavior was pretty much the same with the other men?

Client: No, it's just that I was the only one who had guts enough to do anything about it. The rest of them were too chickenshit.

Specialist: What I'm hearing then is that having somebody direct your work too closely makes you really angry and when that happens you feel the only way to deal with your anger is to split from the situation. What do you imagine would have happened if you didn't split when you did?

Client: I would have busted the bastard in the mouth and been up on an assault charge.

Specialist: Would you say this is fairly typical behavior for you? . . . That is, when you're faced with a person or situation that, in your perception, makes you angry, do you tend to move away from the situation or person?

Client: I guess you might say that. Sometimes it happens with my kids and my old lady, too. The last two jobs I had, I quit, too, because somebody pissed me off.

ANALYSIS

Phase I: Identifying the Problem

Step 1: The specialist helps the client try to find out exactly what the problem is (the situation, the people involved, the events surrounding the problem), when it happens, how it happens (how the client behaves when confronted with the problem), and how often it happens.

EXAMPLE II

Specialist: I wonder if you've thought about how you'd like to see things changed.

Client: Well . . . I'd like people to quit buggin' me and just let me alone to do what I have to do so I wouldn't have to get pissed off!

Specialist. I wonder if the people who have made you angry are aware of your reaction before you finally blow up and leave. Do you think that they have the same picture of the situation that you have?

Client: Well maybe not because they're usually surprised. They act like they don't know where I'm comin' from.

Specialist: Does their surprise at your reaction suggest anything to you?

Client: (tentatively) I don't know man . . . maybe I'm letting the pressure build up without letting anybody know how I'm feeling. Is that what you mean?

Specialist: Yes - from what you've said you tend not to tell other people the things that bother you and when you have enough bad feelings about them you blow up and split. It sounds as if you haven't or don't give yourself the opportunity to work things out before you split . . . as in the case of this last job. Does that sound right to you?

Client: (thoughtfully) Well that foreman was such a bastard that I don't think I could have told him to leave me alone. But then I didn't try. Maybe if I would try to let people know what's buggin' me before it's too late, I wouldn't have had to quit my last three jobs. Maybe things would be better between my old lady and me too.

ANALYSIS

Phase I: Identifying the Problem

Step 2: The listener helps the speaker focus on his final problem-solving goal (how the situation will be changed once the problem is solved; how the behavior of the speaker and the people around him will be changed).

EXAMPLE III

Specialist: Can you think of some ways you stop yourself from letting others know that what they're doing makes you feel angry?

Client: That's a hard question! Like with this last job for instance, the foreman is such a "hardass" that I know he would have laughed at me or told me to go to hell if I had tried to tell him that I didn't like him ordering me around all the time. And he sure didn't make it easy for the men to talk to him. He shouldn't be that way!

Specialist: So your expectation is that if you had tried to explain to the foreman that his way of supervising caused you to feel angry he would have somehow discounted you?

Client: Yes, if it weren't for him I might still be working there.

ANALYSIS

Phase I: Identifying the Problem

Step 3: The listener helps the speaker identify the ways he avoids solving the problem (how he blames others for his troubles, how he puts off doing anything about it, what he tells himself so he won't have to work at solving the problem).

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EXAMPLE IV

Specialist: I'm wondering about the price you pay for not trying out other alternatives before you allow yourself to blow up and split from situations.

Client: Well, I guess that's pretty clear. I've lost four jobs in the last four months because I get mad and quit. All because I let some joker "tick me off." But I guess it's more than that too . . . I get so mad that I want to hit somebody and I'm scared I'm going to go to jail if I do.

Specialist: I'm also wondering what your life will be like if you continue with this behavior.

Client: I'll be miserable and I won't be able to keep a job so I can support my family . . . I might even go back on drugs. (wearily) Oh, I don't know . . .

ANALYSIS

Phase I: Identifying the Problem

Step 4: The listener helps the speaker understand the price he pays for doing nothing about solving the problem.

EXAMPLE V

Specialist: If I hear you correctly, you're feeling uncertain and confused right now about what to do.

Client: Yes. I guess I don't really know what to do except when I get mad, I just have to get out. I'm not even sure I could change that.

ANALYSIS

Phase I: Identifying the Problem

Step 5: The listener helps the speaker tune in to how the speaker feels about trying to solve the problem.

EXAMPLE VI

Specialist: If there are so many bad or disagreeable things connected with your behavior, I wonder what keeps you in there acting the same way time and time again?

Client: I'm not sure.

Specialist: Let's try looking at it another way. You mentioned earlier that the other men were chickenshit because they wouldn't say or do anything about the foreman and you were the only one with guts. The question that raises for me is, do you see yourself as having guts and consequently not being chickenshit because you blew up and quit?

Client: Yes I guess so . . . yeah I can remember feeling really strong and thinking that that will show the bastard who he can push around and who he can't.

ANALYSIS

Phase I: Identifying the Problem

Step 6: The listener helps the speaker tune into the rewards he gets for not solving his problem.

Once the listener has helped guide the speaker through these first six steps of the problem-solving process, the speaker should--

1) have a much clearer definition of his problem;
2) know what behavior he wants to change;
3) understand how he avoids his problem;
4) have evaluated the costs he pays for not solving his problem;
5) explored how he feels about the problem;
6) examined what rewards he gets for not solving the problem.

STOP: Discuss steps 1 through 6.

EXAMPLE VII

Specialist: I'm hearing that those feelings very quickly gave way to a realization that once again you are without a job. What are some ways you might consider, assuming that you are feeling uncomfortable enough to want to find alternatives, that would help you avoid the same situation in the future?

Client: Man I don't know! All my life I've been solving my problems in the same way.

Specialist: So you're feeling that because you've always done it that way, there's probably nothing you can do about it now. Considering your current concerns are you willing to continue the way you are?

Client: No, I really want to find a job and settle down . . . and I really would like to find another way to handle my anger. I guess I could even have told somebody else how angry I was getting, just to let off some of the steam instead of waiting for the last straw. Maybe I could have tried to tell the foreman how I felt about him breathing down my neck. He might not have laughed at me.

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ANALYSIS

Phase II: Exploring Alternatives

Step 7: The listener helps the speaker identify alternative ways he can solve his problem.

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EXAMPLE VIII

Specialist: I find it helpful to explore what the rewards and punishments are going to be when someone selects some way of solving his problem. For instance, what would be rewarding to you if you were able to let people know what you're feeling.

Client: The obvious thing is that I wouldn't quit another job in a huff and go away feeling better than those other guys. I could probably get along better with people. I'm not sure, but maybe I'd feel sometimes that I was gutless and not standing up for my rights if I made changes.

ANALYSIS

Phase II: Exploring Alternatives

Step 8: The listener helps the speaker clarify the rewards and punishments attached to each alternative.

EXAMPLE IX

Specialist: Are you feeling now that your need to be able to keep a job is outweighing your need to express your anger in the way you have been?

Client: Yeah.

Specialist: It sounds like finding alternative ways of dealing with your feelings of being pressured by others and the angry feelings that result is something that we can work on together. Are you willing to do that now?

Client: Yeah . . . OK.

ANALYSIS

Phase II: Exploring Alternatives

Step 9: The listener helps the speaker tune in on how he *feels* about each alternative.

STOP: Discuss steps 7 through 9

EXAMPLE X

Specialist: What initial changes do you think you need to make before you'll feel like you're changing things?

Client: Well I guess I could start with my old lady since I don't have a job right now. I get especially pissed when she's always telling me to help with the dishes and to fix things. Sometimes it isn't what she's telling me as much as it's how she says it.

Specialist: And how could you handle that?

Client: I could tell her that pushing me to do things when she wants them done instead of just telling me what she wants done and letting me alone to decide when to do them makes me really mad.

Specialist: Yes, then in that way she understands what your expectations are and how you feel when she behaves in a certain way. Do you feel that this is a reasonable alternative for working on a job?

Client: Yes, because I'm pretty responsible and a good worker. I mean I get my work done if I'm just left alone.

Specialist: Do you feel that perhaps there are certain limits to this solution. Such as when there's a time limit on getting certain work done.

Client: I wouldn't have any trouble with that if they tell me what has to be done.

ANALYSIS

Phase III: Setting Goals and Objectives

Step 10: The listener helps the speaker identify the initial changes he wants to make in order to reach his final goal.

EXAMPLE XI

Specialist: One of the things I was wondering about is how much success you'll need so that you won't stop trying to work through the problem.

Client: I guess if I get a job soon and I'm able to tell my supervisor or foreman out front how I like to work maybe I'll have a better chance to practice letting people know how I feel before I blow up.

ANALYSIS

Phase III: Setting Goals and Objectives

Step 11: The listener helps the speaker identify the amount of success the speaker needs to achieve initially to keep him going in the problem-solving process.

EXAMPLE XII

Specialist: It might be helpful to think of what you'll do if this plan doesn't work out for you.

Client: If I lose another job for the same reason, I just might go back to junk. No, not really. Maybe I could talk with you to relieve some of the pressure if things don't seem to be working out.

ANALYSIS

Phase III: Setting Goals and Objectives

Step 12: The listener helps the speaker explore what he will do should an alternative not work.

STOP: Discuss steps 10 through 12.

EXAMPLE XIII

Specialist: Will you think now of some things you can do to carry out your plans?

Client: Well I could begin by telling my old lady what I learned today to see if I can work something out with her. Then I need to start looking for a new job . . . or maybe I could even go back and talk to that bastard, my old foreman, to see if I could get my job back. I could maybe explain to him what I learned today,too.

ANALYSIS

Phase IV: Testing Out Plans

Step 13: The listener helps the speaker organize the order of activities that need to be followed to carry out the solution to the problem.

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EXAMPLE XIV

Specialist: Your plans seem sound but I'm interested in what you might do to stop yourself from following through on them.

Client: Well I guess I could just forget I had this talk with you and then I could go on feeling sorry for myself and blaming the rest of the world for my problems, instead of going home to talk to my old lady . . . well you know what I mean.

ANALYSIS

Phase IV: Testing Out Plans

Step 14: The listener helps the speaker identify the things the speaker might do to defeat the testing-out process and thus maintain the problem.

EXAMPLE XV

Specialist: I'm concerned about the kinds of fears you may have to face as you try out the new behavior. I know that we've already talked about how you feel about appearing gutless and chickenshit. When those feelings surface how do you imagine you'll be able to handle them?

Client: I don't know yet but at least I know that maybe they will come up and I'll need help dealing with them. I guess I can't expect to be perfect right away. (laugh)

ANALYSIS

Phase IV: Testing Out Plans

Step 15: The listener helps the speaker understand what kinds of things the speaker is afraid will happen in the testing-out process.

STOP: Discuss steps 13 through 15.

TRAINER VIEWING GUIDE

VIDEOTAPE: "INTERVIEW WITH JULIE"

Julie deals with the following areas in the videotape:

1) Her reasons for entering treatment
2) The impact of the treatment program on her life as a woman and drug abuser
3) Her problems in leaving the program and establishing a life independent of drugs, the treatment program and her family
4) The importance of obtaining material things at this stage in her life
5) Her need to establish interpersonal relationships
6) Her feelings of frustration and disappointment as she attempts to find a job
7) The importance of the emotional support she has received
8) Her anxiety about the future and the need to establish long-range goals

ADDITIONAL TRAINER NOTES

TRAINEE WORKSHEET

VIDEOTAPE: "INTERVIEW WITH JULIE"

TASK 1

Watch the videotape and list below the past, current, and potential problems discussed by Julie that are related to her life as a drug abuser.

TASK 2

List the personal resources that you think Julie has that will enable her to respond to some of these problems.

JOB DEVELOPMENT FOR THE REHABILITATING DRUG ABUSER

I. Dealing with employers' attitudes

II. Job development versus job placement

III. Job development by objectives model

- A. Element one: the statement of purpose
    - 1. Tells who the clients are
    - 2. Tells what the job developer does for clients
    - 3. Provides broad boundaries for developer
    - 4. Tells why the job developer is part of the larger program
    - 5. It is a statement without time parameters
- B. Element two: long-term objectives
    - 1. Criteria for establishing long-term objectives
        - a. Dated
        - b. Measurable
        - c. Indicative of acceptable level of achievement
    - 2. Client-centered objectives
    - 3. Program-centered objectives
- C. Element three: short-term objectives
    - 1. Criteria for establishing short-term objectives
        - a. Dated
        - b. Measurable
        - c. Indicative of acceptable level of achievement

2. Differences between long-term and short-term objectives
    a. Short-term objectives are more specific
    b. Short-term objectives contribute to long-term objectives
    c. Short-term objectives represent shorter time frame

IV. Guideline for job development by objectives
  A. Preliminary planning
  B. The interview
  C. Follow-up
  D. Employer record

V. Job sources
  A. The client
  B. Specialist's employer contacts
  C. The state employment services
  D. Former employers
  E. Help-wanted ads
  F. Business reports
  G. New construction, remodeling, etc.
  H. Training agencies
  I. Key worker contacts
  J. Civil Service and Merit System examinations and employment announcements
  K. Unions
  L. Trade associations

VI. Summary

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JOB DEVELOPMENT FOR THE REHABILITATING DRUG ABUSER

DEALING WITH EMPLOYERS' ATTITUDES

According to Hugh Ward in "Getting Jobs" (1973), most businessmen in this country believe that drug abusers, even former abusers, often--

- exhibit a high turnover rate in employment;
- steal to support their habits;
- become pushers to "ensnare" co-workers in narcotic addiction;
- pose a general threat to businesses because of theft, inattentiveness, etc.;
- do nothing to better their condition;
- experience severe personal problems, even though rehabilitated, that will hamper them from ever becoming productive employees.

You, as a vocational rehabilitation specialist, know these generalizations are not true for a significant majority of rehabilitated addicts. But you also know that the rehabilitation effort in your area may hinge on the extent to which such generalizations about rehabilitated clients may be disproved. This task can be accomplished by VR specialists helping clients get jobs that are meaningful to them and in which they will, by their performance, dispel employers' fears that former addicts are not good employees.

The first step in this delicate process is for the specialist to have a job development program that addresses employers' concerns, meets the needs of clients, and leaves you and your program in the position to approach potential employers with a track record of successful job placements.

JOB DEVELOPMENT VERSUS JOB PLACEMENT

The key to building your program is an understanding that job development is a more thorough and thoughtful process than job placement. Job development consists of a series of planned activities intended to: 1) place many clients with many employers, 2) maintain a close relationship with participating employers, and 3) develop new job opportunities. Job placement, on the other hand, is a part of job development, not the entire program. Job placement is focused almost entirely on the needs of a specific client and a specific employer; it is a job-seeking tactic designed to find one job for one individual.

A well-planned job development program is particularly important in light of employer skepticism about hiring former addicts. Business and industry, except for a few forward-looking companies, are generally reluctant to have anything to do with drug abusers. Rather than opening up and creating more job opportunities for the rehabilitated abuser, the business community has actively excluded users and ex-users from the work force along with other "unsuitables": women, blacks, the poor, the mentally and emotionally impaired, ex-alcoholics, and ex-criminal offenders.

The best way to change potential employers' attitudes about rehabilitated addicts is through successful examples of client employment; conversely, the negative attitude is reinforced by unsuccessful examples. This means that the VR specialist, especially in the beginning, must have thorough knowledge of each client's needs and abilities and of the employer's requirements. "Blind" placements, in which the client's history has been hidden from the employer, are often worse than no placement at all. The employer will discover the client's shortcomings and the extent of drug history through the client's poor work performance or a relapse into drug use. It is unlikely, in such cases, that the employer will welcome you and your clients for future placements.

Although businessmen rarely agonize over the human condition, they do understand profits, assets, and return benefits. In this sense, the VR specialist's job may be equated with the art of salesmanship. The specialist has a product (the client) he wishes to sell to a consumer (the employer). The salesman must believe in his product enough to impress the consumer with its value and merit. He must also impress upon the consumer that he does, in fact, need the product and that it will be a valuable and useful asset.

Despite the negative attitudes of business in general toward rehabilitated abusers, some major companies are searching for ways to help drug abusers, and some are willing, with your salesmanship, to hire ex-addicts. Unfortunately, many of these companies report that they have not been asked by treatment programs to create job or training opportunities. The lack of these opportunities, then, is at least partially the fault of treatment programs and their short-sighted and nonsystematic approach to job development.

The vocational rehabilitation specialist plays the major role in correcting this fault. If your treatment program has a job development plan, it is your responsibility to improve it. If the program does not have a plan, you must create one.

JOB DEVELOPMENT BY OBJECTIVES MODEL

Perhaps the most effective way to create or improve a job development program is to use a "Job Development by Objectives" approach. This phrase may sound a bit ominous, and it may remind you of the "bureaucratese" spoken at committee meetings to disguise the fact that nothing is being done. But in this case, a development-by-objectives system will work, given the specialist's commitment. Each program will have different needs, depending on the situation, but the model presented below may be adapted to meet any program's demand. This model has three major elements: 1) the statement of purpose; 2) long-term objectives and 3) short-term objectives.

Element One: The Statement of Purpose

Without a clear statement of purpose, a single job developer (or a unit of developers) will at best operate in a disorganized, inconsistent, haphazard manner. A statement of purpose, as it relates to a task, creates a frame of reference for all activities and gives meaning to the smaller chores that must be accomplished in order to achieve your goal. This statement allows the job developer to plan daily, weekly, or monthly tasks and to accomplish them systematically. When the job developer writes his own statement of purpose, it allows him to assess how consistent his perceived purpose is with that of the treatment program. Consider the following example: You work in a treatment program designed to provide treatment and rehabilitation services in a residential, drug-free setting for adolescents aged 16 - 20 who have been polydrug users, exclusive of heroin. As a job developer, you would plan, as part of your job purpose, to develop jobs requiring only brief work histories, limited or only certain types of vocational skills, and jobs that did not expect the applicant to perform in unsupervised work situations.

The statement of purpose as a frame of reference —

- identifies the clients;
- describes, in general terms, what the job developer does for them;
- provides broad boundaries that indicate what the job developer logically would or would not do;
- tells why the job developer is part of the larger program.

The statement is a general statement (without time limitations) that provides the job developer with a purpose and an ongoing sense of direction. The following is an example of a statement of purpose:

> Consistent with the program's goal of total social and vocational rehabilitation of its adolescent clients and their placement in jobs at or before graduation, the purpose of my work, as job developer for The Tomorrow House Drug Rehabilitation Center, is to develop and/or create jobs, training and educational opportunities appropriate to the level of maturity, interests, education, and training needs of the 16 to 20 year old client population and consistent with a realistic appraisal of the current job market.

Element Two: Long-term Objectives

Long-term objectives generate short-term objectives that might be translated into daily or weekly activities. Long-term objectives are generally of two types: client-centered and program-centered. Client-centered objectives are statements of what the job developer is going to accomplish in serving the clients. Program-centered objectives are statements of program building and resource gathering necessary to provide those services to clients.

Objectives must meet certain criteria. They must be:

- Dated. The objectives (unlike the statement of purpose) must be set within a time frame that indicates an end date by which a task is to be accomplished.
- Measurable. The objective must state some indicator for knowing when and to what extent the task has been accomplished.
- Indicative of an Acceptable Level of Achievement. The

objective must state exactly how much of the desired result must be achieved to consider the effort successful (three out of four; 90%).

The following are examples of client-centered objectives, using the job developer's statement of purpose:

- By June 1975, 80% of the program's graduates will have been placed in jobs or training programs that are the direct result of my development efforts with the business community, manpower and training programs, and other existing community services.
- Within 6 months, I will have developed an indexed card file of at least 100 companies, public agencies, and other sources of jobs. They will be listed by job categories, type, pay scale, hours, willingness to accept referrals, and any personal observations I might make as a result of my contacts. This file will be located so that residents and staff will be able to make use of it in my absence.
- During the next 6 months, I will have two prospective employers visit the program each month to meet with the staff and a minimum of 10 residents. My objective is to bridge the distance between the employer's uninformed image of the program and our reality so that the likelihood is increased that he will be willing to accept referrals.

The following is an example of a program-centered long-term objective:

- By May 1975, the counselors and I will be communicating more clearly to each other the information that we each need to perform our jobs. Based on assessment of their clients, the counselors will be able to tell me in what areas I should be concentrating my job development efforts. I will in turn communicate to them the specific requirements of all available jobs.

Long-term objectives are action statements leading to the solution of a problem. They are not always easy to write because they are dependent upon a clear understanding and statement of the problem. Once the problem is defined, long-term objectives, which provide the route for getting from point A (the problem) to point B (the solution), can be formulated. For instance, we can assume from the second client-centered objective (indexed file system) that the job developer has a need: 1) to establish a more efficient and systematic employer contact program, 2) to increase the program's pool of job sources, and 3) to create an efficient record-keeping system that can be used by the staff and residents in his absence. Determining whether it is feasible to achieve this objective depends upon the evaluation criteria used to test it. One evaluation criterion might be how many times in a given period the staff used the files and whether they felt that the information in the files was relevant.

The important thing to remember in writing long-term objectives is that they may be a life-saver on those days when you are feeling directionless or overwhelmed by the immensity of your job. Posting the objectives on the wall in your workspace may serve as a focal point for your daily activities.

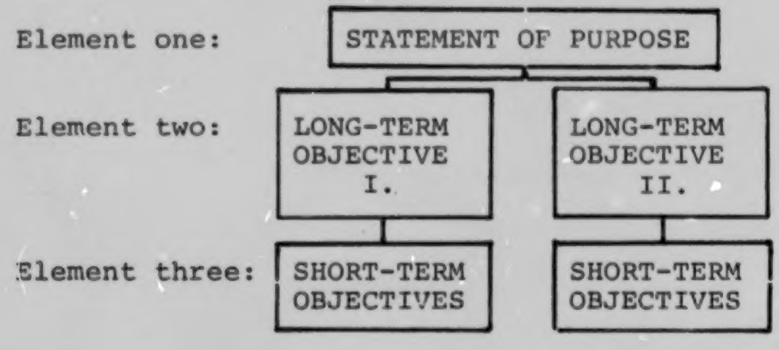
Element Three: Short-term Objectives

Short-term objectives must meet the same criteria as long-term objectives. They must be feasible, dated, measurable, and indicative of an acceptable level of achievement. Short-term objectives, however, differ from long-term objectives in that they are more specific in terms of tasks to be performed, they contribute to accomplishing the long-term objectives, and they require less time for completion. For example, several short-term objectives related to the second client-centered long-term objective (file system) might be:

- By December __ (1 week), in order to develop a systematic employer contact program, I will have designed a survey questionnaire to be mailed to prospective employers to determine the type of business, job categories, pay scales, etc., and have it approved by my supervisor.
- By December __ (1 week), I will have contacted the Chamber of Commerce and the Deparment of Employment Security to get a listing of the businesses and industries within a 30-mile radius of the program.
- By December __ (1-1/2 weeks), I will have divided the businesses and industries by sections of the city and county and types of products and/or services.
- By December __ (2 weeks), I will have mailed the surveys to the first 50 companies, indicating expected return date of December __ (1 1/2 weeks).

- By January ___(3-1/2 weeks), I will send letters to 50% of the respondents requesting an interview within two weeks of the date on the letter.

Although outlining each task as a short-term objective may seem tedious, it is a good tool for isolating and timing each necessary step in reaching your long-term objectives. You may find it helpful to keep the following summary of job development by objectives at hand:


Element one:
STATEMENT OF PURPOSE
Element two:
LONG-TERM OBJECTIVE I.
LONG-TERM OBJECTIVE II.
Element three:
SHORT-TERM OBJECTIVES
SHORT-TERM OBJECTIVES

Long-term and short-term objectives must be feasible, dated, measurable, and specify an acceptable level of achievement. Long-term objectives may be client-centered or program-centered.

GUIDELINES FOR JOB DEVELOPMENT BY OBJECTIVES

Any plan, no matter how well it is designed, is worthless unless it is put into action. Hugh Ward (1973) suggests a guideline for contacting prospective employers; this may be used in conjunction with the planning-by-objectives system.

Preliminary planning

1. Learn something about the company, its size and its products prior to approaching it.

It might be helpful to get a copy of the business prospectus to learn about the types of jobs available in a company, the kinds of products it produces, the size of the organization, etc. Conducting a written survey of several companies through their personnel offices may get some results.

2. Avoid attempting to gain job openings through a blind letter or phone call to the company. Write to a specified official with hiring authority, include information describing your program and indicate that you will call for an appointment to discuss your program. Do call him or her.

The job developer should represent the treatment program in a professional manner. This may require that information about the program be typed, mimeographed, or printed on letterhead stationery with the job developer's business card enclosed. Remember: these materials are the first contact an employer may have with the program, and the first impression must be good.

You should be able to determine which company official to contact by calling either the personnel office, if there is one, or the secretary to the president or vice-president.

The interview

3. Be prompt for your appointment and conduct yourself in a businesslike manner. Describe your own background and credentials and indicate what service your program has provided to clients and what role you and your program can play subsequent to placement. Give the employer representative a chance to talk, and listen carefully. Offer to talk with other company personnel.

Be prepared for the interview. Practice, if necessary, with another staff person and use the feedback to improve your interview techniques.

Remember that businessmen are not, in general, moved by compassion to employ "unsuitable" people except on an individual basis in which they perceive that the return is worth the risk.

Selling techniques that initially play on the sentimentality and compassion of the employer are not likely to work unless the job developer knows from personal contact that they will work. Therefore, an attractive sales strategy is needed that maximizes the strengths, skills, etc., of the client and minimizes the risks of hiring him.

4. Discuss the positive aspects of your program and avoid being critical of other programs. Do not oversell or offer guarantees that the employer will not believe.

Analyze your program and see if you have any advantages over other treatment programs or other sources of manpower. Does your program provide any special services? Do you refuse to refer clients until they have fulfilled certain conditions? It might be desirable to invite someone from the company to visit the program.

5. Ask the employer about his requirements. Attempt to learn as much as possible about his jobs (requirements, pay, hours, etc.). Determine the employment outlook for the foreseeable future.

6. Indicate whether you think you have clients who meet the employer's requirements and ask if he would be willing to accept referrals. If he agrees, be sure your applicants meet the requirements, and agree in advance on the procedures to be used to learn of job openings and to make referrals. Agreement should be reached concerning what treatment information will be available both before and subsequent to placement. Release of such information must be in accordance with the client's wishes.

The follow-up

7. Follow up by recontacting the company representative shortly after the meeting to indicate the next step and when it will occur. Keep in touch even if you don't make referrals.

8. Do everything possible to make certain that your first referral is a good one. Arrange for a quick follow-up with both the applicant and the employer representative to determine how things went. If the applicant is not hired and you have other qualified applicants, see if additional referrals are possible.

9. Establish follow-up procedures with the employer. Indicate your awareness of the client's situation and progress and attempt to seek additional openings. Do not be reluctant to contact the employer even if things don't work out. He does not expect 100% success with any group.

Developing an employer record

These nine steps support the concept that it is the job developer who must establish and maintain a relationship with the employer. That relationship must be built on mutual trust and confidence.

The steps also encourage careful systematic preparation to maximize the effectiveness of each interview. Though not stated explicitly in the guide, careful records of each employer contact should be kept.

The employer record should include, in detail, 1) the results of your preliminary investigation; 2) copies of correspondence with the employer; and 3) results of your initial interview indicating your personal observations of the representative whom you interviewed, his willingness or reluctance to accept referrals, and any other comments that might be meaningful for future follow-up or future referrals. There should also be a dated plan for follow-up visits or calls.

JOB SOURCES

Once you have developed a plan, you need to know where to implement it for best results. At this time, the most likely prospects for jobs are with city, state, and Federal governments, which have usually funded (or made available) various kinds of sheltered employment. On-the-job training programs with major industries, city or county Work Incentive Programs, and other manpower training programs are ways in which the Federal and local governments have become the employers of "first resort," ready to substantially subsidize private industry for its risks in hiring ex-abusers and other marginally employable people.

Thirteen specific job sources are:

1. The Client. Many clients find jobs for themselves by using information obtained from friends, relatives, and their own knowledge of employment possibilities. Also, a specialist's former clients may supply leads, which the specialist can pass on to present clients.
2. The Specialist's Employer Contacts. Employer contacts, developed and maintained on a regular basis, frequently result in job opportunities.
3. The State Employment Services. The employment service of the state provides major sources of information on local and regional job vacancies and leads to potential employers

The VR Specialist should establish a working relationship with the employment service staff.

4. Former Employers. A client's former employer may feel some responsibility for the welfare of the client, and be willing to help.

5. "Help Wanted" Ads. Many specialists feel that "help wanted" ads are a good source for locating job opportunities. By following up on these ads, specialists are in direct contact with an employer who has an immediate need for workers.

6. Business Reports. Information on business and industrial relocations, expansions of existing operations, industrial changes, and trends can be translated into job opportunities. This information is found in newspaper accounts, industrial reports, and Chambers of Commerce surveys.

7. New Construction, Remodeling. Jobs often develop from the construction of new plants and factories, stores, gas stations, and from the remodeling of buildings. Contacts should be made as soon as the specialist is aware of new projects to assure that his clients are considered for jobs.

8. Training Agencies. For clients who are attending college or technical, trade, or vocational schools, their own employer contacts and placement programs can often supply leads to employment openings.

9. Key Worker Contacts. Many specialists maintain contact with employees in various places rather than with the employer or personnel manager. These key workers often know about job

openings due to resignations and operational changes before the front office does.

10. Civil Service and Merit System Examinations and Employment Announcements. Government employment at the Federal, state, county, or local level is a possibility for both blue- and white-collar workers. Job and exam announcements, with details on qualifications, rates of pay, and location, are posted regularly at post offices and other public buildings, and are also publicized through newspapers, government newsletters, and other sources.

11. Unions. Business managers, stewards, and other union personnel make it their business to know what is going on, both locally and nationally, that will affect employment for their members.

12. Trade Associations. Many types of business establishments organize associations to promote developments of mutual interest. These mutual interests often include recruitment of qualified personnel. Officials of these associations can provide occupational information that is current and local, and can assist with the placement of clients.

13. Boards of Directors. Many programs have an advisory board whose members can be excellent sources of information on employment contacts.

SUMMARY

The general absence of job development activity on behalf of rehabilitated addicts is partially a result of limited resources. Most programs, unless they are the larger, more sophisticated, multi-modality programs, are dependent upon counselors or vocational rehabilitation specialists untrained to find jobs for their clients. Many of these counselors are no more sophisticated about, or familiar with, the business-industrial community and how to tap into its resources than the client himself.

The real problem is that few treatment programs seem to know very much about jobs, how to get them, or what employers are looking for.

Programs such as PACT in New York City, designed as a job developing and employment service, have demonstrated successful marketing of rehabilitated clients, using established marketing principles from the "straight" business world. PACT has been able to cultivate a number of businesses, small and large, through consistent contact (good public relations) and educational seminars designed to alter biases against ex-addicts. The most pressing problem is that in programs where vocational rehabilitation and job-finding services are provided, they are often secondary and subsequent to the treatment-rehabilitation process itself. Far too many programs perceive that they have no capacity to provide vocational counseling or training. All that may be required in such programs is a reassessment of program priorities and the reallocation of limited funds.

Obviously, the vocational rehabilitation specialist faces sufficient day to day frustrations without having to suffer from the additional problem of inadequate planning and preparation. Not only is poor planning unnecessary, it is perhaps the most defeating of all problems because the agency, the specialist, the employer, and most importantly, the client suffer when planning is haphazard or altogether absent.

REFERENCE

Ward, Hugh. *Employment and Addiction: An Overview*. Washington, D.C.: Drug Abuse Council, Inc., 1973.

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JOB DEVELOPMENT MODEL WORKSHEET

1) Explain how you develop jobs for your clients.

2) List three ways in which your present job development model can be improved.

3) Describe three obstacles you currently experience that inhibit effective job development, and at least one method for overcoming them.

4) What are three resources for job development that you are not currently using?

5) List two assets and two liabilities in your current employer-contact program.

6) List your strengths and deficiencies in regard to employer interviewing.

SALESMANSHIP APPROACHES

Person-Sell is an emotional approach to selling a product. The salesperson quickly assesses the customer and plays to the feelings he thinks he can most easily manipulate; he may use a sob story, flattery, or other techniques that seem to appeal to the customer. The salesperson also relies on selling himself--making himself look good--to sell the product: the product thus comes with the endorsement of an outstanding person. Although the approach may result in a sale, the customer is never quite sure how it happened and often resents both the product and the salesperson.

Product-Sell is characterized by a highly developed sales pitch extolling the virtues of the product; it excludes concern for what is happening at the feeling level.

The combined Person-Sell and Product-Sell approach leaves neither emotions nor reason out of the transaction. The salesperson develops a reasonable and realistic discussion of the advantages and disadvantages of the product. The pitch is delivered in a straightforward, sincere fashion. And, the salesperson is conscious of the impact (or lack thereof) of his message. Customer concerns are reflected back to him by the seller in a non-pressuring way, leaving the customer feeling understood and ready to look at options for buying.

EMPLOYER ROLE PROFILE #1

Employer #1:

You have definite ideas about drug abusers: they are manipulative, lazy, crazy, and not to be trusted. You can't understand how anyone could be so weak as to become addicted to drugs. You value individual accomplishment over adversity and it is beyond your comprehension that everyone can't make it the way you did. You are scared that if you hire one or two drug abusers, some of your better workers will quit. It just doesn't seem worth the risk.

EMPLOYER ROLE PROFILE #2

Employer #2:

You are the personnel officer in a large business firm that has a reputation for fairly liberal and nondiscriminatory hiring practices. The company has an affirmative action program for hiring people, but you are afraid that hiring ex-drug abusers may be pushing things just a bit too far. However, you are fairly sophisticated and willing to consider hiring an ex-addict or two. You need to be convinced that they have been drug free for a while and can fit into the social structure of the company so that your personal risks are minimized.

EMPLOYER ROLE PROFILE #3

Employer #3:

The characteristics of this role should be designed by trainees, drawing from personal experience. Trainees should look through the classified section of the newspaper and choose an ad from which they can develop their employer profile.

Module 9
Learning Activity 6

OBSERVER GUIDE

Simulated Employer-Job Developer Interviews

DIRECTIONS

The observer function is to watch the interaction between the job developer and employer in order to give feedback, principally to the job developer, on the behaviors that he used during the interview. The exercise is designed to assist the job developer in building a repertoire of behaviors, both verbal and nonverbal, that will improve his powers of communication and persuasion.

Use the guide on the following page; it has a number of behaviors already isolated for both employer and job developer. Please place a check mark beside each behavior as often as you see it exhibited. Example: You observe the job developer reflecting the employer's feelings five times during the interview, indicating that he was making a sincere effort at hearing the employer's concerns and reservations.

Also listed are open-ended questions you should answer to give more concrete information. Example: "Which person seemed to be in control most of the time?" "The job developer seemed to maintain control of the interview. Job developer has prepared well for the interview. Listened carefully and helped the employer feel understood. Had good solid arguments based on fact."

OBSERVER GUIDE

Simulated Employer-Job Developer Interviews

CATEGORY	BEHAVIOR	FREQUENCY JOB DEVELOPER	EMPLOYER
I. Interpersonal Communication	Expresses angry feelings Is defensive Discounts information and feelings Listens - reflects feelings and content of message Doesn't listen - ignores feelings and content of message		
II. Factual Information Exchange and Problem Solving	Gives straight, factual information Avoids giving straight, factual information Builds on information being exchanged to enhance communication Offers solutions to problems Discounts solutions but no alternative suggested		
III. Salesmanship	Person-Sell: appeals to conscience, personality, manipulation Product-Sell: appeals to reason, uses facts Person-Product-Sell: Combines emotional and rational and/or pragmatic qualities		

OBSERVER GUIDE
(continued)

OPEN-ENDED RESPONSES

Briefly describe your observations of the following:

1) Which person seemed to be in control most of the time? What observable behaviors led you to form that conclusion?

2) How and at what points did either person lose or gain control?

3) What nonverbal behaviors did you observe?

4) Was the sales approach used by the job developer appropriate for that employer? Was it well timed? Explain.

5) Was the job developer well prepared? Explain.

VOCATIONAL PLACEMENT OF THE EX-DRUG ABUSER

I. Misconceptions about Placement

II. Steps in Vocational Placement

A. Getting the Client Ready for Employment

1. Study Needs of Client
2. Make Sure Adequate Data is Available
3. Review Job Requirements, Client's Traits
4. Consider Environmental Pressures
5. Discuss Analysis and Evaluation with Client

B. Getting the Employer Ready for the Client

1. Obligations to the Employer
2. Obligations to the Client

C. Limits of Specialist-Employer Communication

D. Summary

VOCATIONAL PLACEMENT OF THE EX-DRUG ABUSER

All too often, rehabilitation specialists spend little energy in vocational placement work with a client. Four misconceptions about placement have contributed to this fact:

1) Placement occurs toward the end of the rehabilitation process, so the specialist's responsibility to the client has diminished
2) Placement is an activity that requires no special training, and is simply a matter of matching an available client with an available job
3) Client location of his own job, or "self-placement," cannot be considered effective rehabilitation work
4) Readiness for employment indicates that the client is no longer in need of counseling

In reality, the placement process is a significant factor in rehabilitation efforts, and should begin as soon as a client comes into the program. It is not just a process of putting a warm body in a vacant position, and self-placement may be one of the best ways to avoid mindless job matching. Even when a good placement is made, the client will profit from continued support. Placement failure jeopardizes the entire treatment program.

The vocational placement process involves several steps, which are discussed below.

GETTING THE CLIENT READY FOR EMPLOYMENT

From the beginning of treatment, the specialist must learn as much as he can about the client. The following recommendations will help the specialist use knowledge about the client to secure successful placement (Cull and Hardy, 1972):

1) Study the needs of the client and the types of gratification meaningful to him.
2) Make certain that valid psychological data (when appropriate or useful) and job analysis data have been gathered.
3) Review the requirements of the job and evaluate the individual traits needed to meet them.
4) Consider the environmental pressures that will affect the individual.
5) Discuss the job analysis and psychological evaluation with the client so he will understand what the work will require of him and what it will offer, and whether it is suitable for his psychological needs.

The client and specialist must work together to help the client reach a decision about the type of job he wants. What satisfactions is he seeking? What is important to him in the long run and what types of work or work settings will provide these satisfactions?

We suggest that the specialist encourage the client to take the initiative in finding a job. Once an apparently suitable job is located, the client should be given the opportunity to evaluate it as the source of his future livelihood.

Role-playing is an excellent method of preparing a client for employment interviews and gives him an insight into what the job may be like. The specialist can conduct a mock interview that includes a variety of questions, and then give suggestions about how the client might improve the impression he makes with the employer. It is helpful for the specialist as well as the client to play the role of the employer. The client should realize that getting a job is not an easy task and that he should participate in the job-securing aspects of placement to the best of his ability. It is often an indicator of effective rehabilitation that the client is in fact able to get his own job.

The specialist needs to help his client become fully aware of the social pressures of the job, since these are as important to the individual as the actual job pressures. A client's ability to adapt to the social interactions of the work environment will directly affect his job performance. Role-playing is also a useful tool here. A mock hour on the job from his own, the specialist's, and the supervisor's points of view may give the client a reality check in a safe environment.

The rehabilitation specialist must stress training as a partial answer to many of the worker's problems. On-the-job training can do this effectively. In many cases, the state rehabilitation agency will make "tuition" payments to the employer-trainer, an incentive to encourage an employer to offer such training.

Clients also need to know that nine or ten employers must often be contacted before the placement is made, and that negative responses are not unusual.

GETTING THE EMPLOYER READY FOR THE CLIENT

The specialist frequently must visit the prospective employer before placement may be considered. It is at this point that the specialist may be confronted with the dilemma of determining to whom he owes basic loyalty: the client or the employer. Should he obscure the client's history in discussions with the employer?

The vocational rehabilitation specialist is in a three-way relationship with both his client and the prospective employer. Therefore, the specialist is professionally obligated to be honest in his dealings with the employer. If he fails to be honest, he not only jeopardizes the possibility of placing clients there in the future, he also risks jeopardizing the client-employer relationship later if the employer becomes aware of the client's true background. The specialist,therefore, should review with the client what he may tell the employer. If the client refuses to allow the specialist to discuss his assets and liabilities and specifically his drug history with the employer, the specialist should modify his role in the placement process to one of providing placement information to the client, without actively entering into the placement process with the client.

LIMITS OF SPECIALIST-EMPLOYER COMMUNICATION

The specialist who confers with a prospective employer about a client is advised to review the 1975 Federal Regulations on confidentiality if he is not already familiar with them. Promulgated by the Special Action Office for Drug Abuse Prevention and the Department of Health, Education, and Welfare, the rules, which became effective August 1, 1975, ensure privacy of individuals who obtain treatment for substance abuse problems. (The Joint Commission on Accreditation of Hospitals has also issued standards for maintaining privacy and confidentiality.)

Although it is impractical to attempt to summarize all of these regulations at this point, a good rule of thumb to remember in regard to employment situations is that disclosure of any client information should be preceeded by written consent from the client. (The procedures for obtaining written consent are defined in Subpart C, Section 2.31 of the Federal Regulations.)

The information issued to employment agencies or employers, in most instances, may be admission that a client is registered in a treatment program. If more specific information is needed, the specialist is reminded that only information that is genuinely necessary to the employment situation can be divulged. Revealing client information that is unrelated to the employment situation is not only unethical but it is now restricted by law.

Prior to meeting with the prospective employer, the specialist should summarize the information that he has been authorized to discuss. Advance preparation such as this will avoid the pitfall of revealing facts that may be relevant to the rehabilitation process but which have no bearing on the client as an employee.

The second limitation to communication between the specialist and employer requires the specialist to assess the sophistication of the employer and communicate with him on that level. As a general rule, the specialist should avoid using terminology that, though descriptive, is laden with emotional connotations. The most effective approach is to describe positive behavior that relates to the job and to avoid diagnostic labels.

The specialist should determine with the personnel officer whether or not the supervisor within the work area should be informed of the client's drug history. The degree of acceptance supervisors give ex-drug-abusing clients is critical in helping them get off to a good start, and in maintaining their work at a level commensurate with the supervisor's expectations. Therefore, it may not always be advantageous to the client to share the information unless the supervisor is aware of and supports the employer's policy to hire rehabilitating drug abusers.

SUMMARY

The specialist's responsibility in vocational placement of the ex-drug-abuser cannot be underrated. The decisions made at this stage of the rehabilitation process not only affect the client's immediate feelings of satisfaction and achievement but also his long-term physical and mental health. The specialist has a real responsibility to "ready" the client for employment by giving him the necessary information he needs about the job and about maintaining employment. Placement should be client-centered, with strong emphasis given to the client's opinions about work and how it will affect him and his family.

REFERENCE

Cull, John and Hardy, Richard (Eds.). Vocational Rehabilitation: Profession and Process. American Lecture Series, No. 831, Bannerstone Division of American Lectures in Social and Rehabilitation Psychology, 1972.

JOB PLACEMENT ISSUES

I. Your client, Joan, refuses to allow you to disclose information about her prior drug history to potential employers. You explain that you are uncomfortable not being able to release the information to employers you contact on her behalf and ask her to secure her own employment. You offer to help her locate jobs, and follow-up with her (not the employer) after she is situated. Three weeks pass and you receive a call from Mr. Smith, her employer. He is quite angry and explains that he has heard that Joan, whom he hired as a clerk/typist two weeks ago, had been a drug addict and was seeing you for counseling. If this is true, he threatens, he intends to dismiss her immediately. "Can you confirm or deny this information?" he asks. What do you do? What are the specific issues of confidentiality here?

II. You are meeting with Mr. Marx, potential employer for your client, Bob. You have presented the essential information you believe Mr. Marx needs to know and are getting indications that Mr. Marx likes you and your description of Bob. He is on the verge of placing Bob. He then says, "Just one last question I need to ask. Will you review the types of things you two spoke of while Bob was in therapy?

What were all the issues? How cooperative was he while in treatment? What about his background before he used drugs?" What do you do?

III. John is a client you successfully placed a month ago as a machine operator at a large metal stamping plant. Prior to seeing you, he was a "two-time loser." He was a heroin addict who was arrested and jailed twice for burglary. You have just received a phone call from his employer who announces: "I've got John in my office. My plant supervisor says he thinks John has stolen money from two other employees' lockers. I haven't called the police yet, but I plan to after I speak with you. Really, I'm just calling you as a courtesy; oh, and to thank you for sending me such a guy. Don't call me again." What do you do?

POSTPLACEMENT FOLLOW-UP
WITH CLIENTS AND EMPLOYERS

Postplacement Follow-up with Clients and Employers

A. Follow-up with Clients

   1. Goals of Client Follow-up

   2. Questions Client Should Answer

B. Employer Follow-up

   1. Purposes of Employer Follow-up

   2. Questions to Ask the Employer

C. Follow-up Group Workshops

   1. Client Workshops

   2. Employer Workshops

D. Summary

POSTPLACEMENT FOLLOW-UP
WITH CLIENTS AND EMPLOYERS

As emphasized earlier, successful job placement is not the end of the specialist's responsibility; in some ways it is the beginning. The first three months on the job are likely to be a testing period for both the employer and the employee. The ex-addict is trying out a straight world once again, knowing all the while that he can return to an easier, more familiar way of life. On the other hand, the employer may be viewing the client with a watchful, if not wary, eye. The tension created by this situation makes it critical that for the first three months after placement the specialist follow the client's progress closely.

The specific goals to be reached in client follow-up are to:

1) Determine whether a vocation plan has been implemented
2) Effect adjustments not previously anticipated
3) Forestall a client's quitting a job without attempts at adjustment
4) Help anticipate adjustments that may become necessary
5) Assist in preparation for advancement on the job or in the occupation
6) Provide any information requested by a client
7) Indicate continuing interest in each client
8) Determine whether a revised vocational plan is needed

9. Terminate an undesirable placement.
10. Provide emotional support when needed.
11. Wean client away from dependence upon VR specialist or VR services.

There are certain questions the client should answer to help both of you evaluate his feeling about the job:

1. Is the job consistent with the vocational plan?
2. Is the job satisfying?
3. Is the job too boring or too challenging?
4. Are the hours and the pay satisfactory?
5. How are non-work hours being spent?
6. Are there any problems brewing?
7. Are there problems in the program? (e.g., with the methadone pick-up schedule)

Employer follow-up is important so that the specialist can:

1. Indicate interest in the employer's welfare.
2. Assess the employer's satisfaction with the client and the relationship with the VR agency.
3. Find out what kind of clients work out best for him.
4. Obtain suggestions that may help improve the specialist's relationship and services with the employer.

Important questions to ask the employer are:

1. Is the client a satisfactory employee?
2. Does he need assistance in mastering his job?
3. Does he need additional training to improve his skills or gain advancement?
4. Has he been excessively absent or otherwise irresponsible?
5. Are there problems with which the VR specialist might assist?

Client and employer follow-up is a time-consuming, arduous and often frustrating experience for rehabilitation specialists. One method of avoiding some of the problems in follow-up is to organize group workshops that focus on problems common to the ex-drug-abusing client. The workshops not only save the specialist time, but also give clients the opportunity to share experiences and alternative solutions. The theme-centered group workshop is usually a short-term procedure, lasting for no more than one to three sessions. Four tasks should be completed before any workshop begins: 1) a specific, well-defined problem statement; 2) a clear set of behavioral objectives; 3) a clear-cut workshop design; and 4) a method for evaluating its success.

For example, if several recently placed ex-drug-abusing clients are annoyed that they spend more than two hours commuting to and from work daily, offer a one-evening workshop on the theme "Getting to and from Work." The problem statement might read: "Participants spend an average of two hours daily, which they feel is too much, getting to and from work."

The behavioral objective should be: "By the end of this evening, each participant will know at least two new ways of transporting himself to and from work that take at least 30% less time than now needed."

The following design might be used:

8:00 - 8:30	Coffee, get acquainted
8:30 - 9:30	Brainstorm a complete list of transportation problems
9:30 - 9:40	Break
9:40 - 10:15	Brainstorm list of alternative transportation facilities, routes, etc.
10:15 - 11:00	Match problems to potential solutions

Evaluation for the workshop session could be done about one month following the event, using this simple measurement: Have participants, in fact, used a new way of transporting themselves to and from work? Do they save 30 percent of the time previously required for transportation?

Listed below are some suggested topics for other theme-centered group workshops, for both clients and employers:

Client Workshops

1) Leisure time training
2) Social skills training
3) Where are you (vocationally)? Where do you want to be?
4) Work adjustment problems
5) Future planning

Employer Workshops

1) Education
2) Information
3) Common problem areas
4) Program expansion with specific employers

SUMMARY

Follow-up is an important step in helping the ex-drug-abusing client succeed in his attempt to enter the world of work. It is not a simple task. In addition to the responsibility of job development, placement and follow-up, the specialist must understand his client's motivations: the things that motivate him toward drug abuse and the things that may motivate him toward a successful vocational career.

INDIVIDUAL PROBLEM IDENTIFICATION AND ACTION PLANNING

A SELF-DIRECTED WORKBOOK

INTRODUCTION

This self-directed workbook is designed to assist you to summarize your training experience and to apply this experience to the vocational rehabilitation process in your work environment. When you complete the workbook you will have an action plan for resolving specific problems that hinder effective service delivery to clients.

The workbook contains four steps:

- Step I: Self-Assessment
- Step II: Program Assessment
- Step III: Statement of Actual and Mastery Conditions
- Step IV: Action Planning

As you follow these steps, you will be--

- evaluating your experience in training and analyzing how close you came to your learning objectives;
- evaluating whether the training helped you reach those objectives;
- defining and categorizing your job performance problems;
- developing solutions to one or more of these problems through an action plan for application on the job.

It is assumed that one of your reasons for attending this training program was to improve your on-the-job performance by obtaining new information and skills to help you reach that goal.

You are nearing the end of the experience now and it seems appropriate at this point to look both backward and forward.

In Module 2, you defined your job duties and responsibilities and the skills and knowledge necessary to perform the job. You assessed your level of skill and knowledge on a scale of 1-5. The Program Force Field Analysis of your organization yielded factors you perceived that either support or hamper the performance of your work. These activities assisted you in setting your learning objectives for training.

In essence, you defined what you believe to be MASTERY performance in your job. When you identified organizational problems relating to your work and your skill and knowledge deficiencies, you arrived at the ACTUAL conditions under which you perform your role as a VR specialist. Through participation in training you received feedback to contribute to a clearer knowledge of your ACTUAL skill level. The discrepancy between MASTERY performance and ACTUAL performance is the DEFICIENCY situation. That deficiency situation becomes a problem ready for solving--a problem of job performance. (Problems are merely "situations in need of improvement.")

This problem situation is represented by the following formula:

$$M - A = D$$

MASTERY Performance - ACTUAL Performance = DEFICIENCY (Problem in performance).

Your task is to identify performance problems and develop plans for their solution.

Before we address specific problems you identified, let's look at three categories of performance problems. Performance problems may be viewed as being one of or combinations of the following:

- Skill and/or Knowledge Deficiencies

  This category refers to the inability of a worker to perform a job or task effectively because he does not have the necessary skill or knowledge. Therefore, this is called the "can't" category.

- Environmental Factors (organizational conditions and constraints)

  Although a worker may theoretically have the necessary skill and knowledge to perform a job, there are factors in the work environment that are barriers to effective job performance. These barriers can be physical (e.g., rigid rules and/or codes of behavior that may not be compatible with the work to be performed or that elicit a negative employee response); they may involve poor utilization of human and material resources, or interpersonal conflicts. This by no means exhausts the list of the environmental factors. Your own experience may assist you in adding to the list.

  This is called the "hampered" category. The worker is hampered by factors in the work environment so that effective or mastery work performance is unlikely.

- Motivational and Incentive Factors

  This category largely involves covert behaviors. Although motivation is difficult to define in this context, it contributes to job performance problems. Often good workers have the skill and knowledge to perform a job in a work environment that appears supportive; however, they may not perform to expectation. This could be a problem of motivation or incentive. Motivational and incentive problems may, for example, have their origin at the organizational level if the incentive (reward) system does not meet the workers' psychological needs. Because the worker is presumed capable of performing a job, this is called the "won't" category.

Training within this course has responded to only two of these categories: skills and/or knowledge deficiency and environmental hindrances.

This activity is designed to assist you in defining and categorizing your job performance problems to develop a plan for your continued professional growth and to help you in systematically determining your needs for further training. It may also be useful in determining how you will behave differently on the job.

STEP I: SELF-ASSESSMENT

1. Review your Self-Assessment Form. Go back over each item and put a check (✓) over the number that most closely describes where you perceive yourself to be now.

2. Did you achieve your objectives? ______ Yes _______ No

3. List below the skill or knowledge areas for which you have a proficiency number of less than 3 or for which you did not achieve your objective. List as many reasons as you can why these objectives were not met. For example:

   a) Psychometric Testing--this subject was not covered in training.

   b) Interviewing techniques--I did not have sufficient practice in the skill.

   ____

   ____

   ____

   ____

   ____

   ____

4. List below those areas that were not included in your original assessment but that you feel now are skills (and/or knowledge) necessary to the effective performance of your job (e.g., planning and setting objectives). Put a check mark beside those you feel you need to improve.

   ____

   ____

   ____

   ____

   ____

   ____

   ____

TOGETHER, ITEMS 3 AND 4 SHOULD REPRESENT YOUR JOB PERFORMANCE PROBLEMS IN THE SKILL AND KNOWLEDGE CATEGORY.

STEP II: PROGRAM ASSESSMENT

5. Review your Program Force Field Analysis Form. What problems in your work environment are listed there? These will be the "hindering" forces. List them below, in order of importance to you. Put a check mark beside those that *directly* affect your ability to perform your job. Put a circle around those that you *feel* you can do something about.

Select *one* factor that has both a check mark and a circle around it, a factor that you would like to pursue further. Write it below.

YOU SHOULD NOW HAVE SOME INFORMATION IN TWO JOB PERFORMANCE PROBLEM CATEGORIES: SKILLS AND KNOWLEDGE, AND ENVIRONMENT. IN OTHER WORDS, YOU HAVE DEFINED SOME OF THE THINGS YOU "CAN'T" DO AS WELL AS YOU WOULD LIKE TO AND AT LEAST ONE FACTOR IN YOUR ENVIRONMENT THAT "HAMPERS" YOUR JOB PERFORMANCE. THESE WILL LATER BE CONVERTED INTO PROBLEM STATEMENTS, THE CORE OF YOUR ACTION PLAN.

STEP III: STATEMENT OF ACTUAL AND MASTERY CONDITIONS

6. This step will assist you in summarizing what you have discovered thus far.

Condition A:

Below please write a statement about how you perceive yourself professionally. Include statements describing both your strengths and weaknesses in skill and knowledge areas. Describe major weaknesses in your work environment that you feel you can do something about. This need not be long and involved. It is an exercise to help you articulate how you perceive your actual condition.

____

____

____

____

____

____

____

____

____

Condition B:

Describe what you imagine you and your work environment would be like if the problems you described in Condition A were solved.

YOU HAVE NOW IDENTIFIED ACTUAL PERFORMANCE SITUATIONS AND PROJECTED MASTERY CONDITIONS. THE FOLLOWING PAGES REPRESENT ONE WAY TO ASSIST YOU IN PLANNING HOW YOU MIGHT SOLVE THE DEFICIENCY SITUATION YOU HAVE DESCRIBED ABOVE. THIS WILL TAKE APPROXIMATELY ONE HOUR TO COMPLETE, SO FEEL FREE TO TAKE BREAKS AS YOU NEED TO.

STEP IV: ACTION PLANNING

One outcome of your participation in this training will be a concrete, specific statement of a personal action plan. The training you receive will be valuable only if you can apply it to solving problems and needs in your work situation.

This planning guide has been provided to help you produce a personal action statement. It is written in successive steps to enable you to complete a finished plan by the end of the course. If you have questions, ask for help from the training staff.

. . . . .

Here is a list of what one "expert" has identified as the basic action planning steps. You will follow these stages to produce your action plan.

1. Arrive at as clear an image of the desired outcome as possible.
2. Make a concrete statement of the action and goal.
3. Identify and examine alternative methods of attaining the goal.
4. Select one or two alternatives to explore and test.
5. Plan first actions to be taken: delegate responsibility and gain commitments.
6. Establish ways of evaluating first actions in order to plan next steps.

A. Goal Statement

Establishing a realistic goal is a very important part of your personal action plan; without it you cannot prepare objectives or an ultimate plan for action. Include within your goal statement: 1) a definition of your problem, 2) a clarification of your needs, and 3) a possible solution. The mechanics for reaching this goal follow in subsequent pages. The goal reflects Condition B, which you described in Step III.

Goal Statement

____

____

____

____

____

____

____

____

____

____

____

____

____

B. Alternatives

You previously wrote a needs assessment (the areas in which you feel a need for further training, information, or action) and a goal statement. Can you think of six ways to solve the problems you identified in Condition A of Step III? Try to think of six completely different solutions to help you reach your goal. Since this is a form of personal "brainstorming," try not to evaluate the solutions now.

Brief statement of goal:

Alternatives: (Solutions)

1.

2.

3.

4.

5.

6.

EXAMINING ALTERNATIVES OR SOLUTIONS

Look over the six possible program alternatives you have listed. Choose the two you find most appealing according to your own criteria. Write them concisely in the space provided. Then, answer each question about each possible alternative.

GOAL:	ALTERNATIVE ONE:	ALTERNATIVE TWO:
How practical is it for your role in your own work situation? Can you do it? Can it be done?		
How functional is it in terms of meeting your goal?		
How desirable is it personally or professionally? Why?		

Choose one of the two alternatives above, in light of the answers to the three questions. On the next page, indicate why you chose that particular alternative.

Why did you choose this alternative?

Before planning specific things you must do to implement your selected alternative, consider the following questions. Keep your answers in mind as you plan.

1. Who or what will determine whether you will be able to carry out any plan when you return to work?
2. What is there about your job that you should keep in mind in making plans? Who and what will influence your success or failure?
3. What are some ways that you could conceivably stop yourself from reaching your goal? List them.
4. What can you do to avoid nonsubstantive objections to your plan by your colleagues and superiors? What alternatives should you consider? Should such objections be made?

C. Action Planning

List major actions necessary to reach your goal.

When you have identified the steps required to solve the problem, complete the details of your plan on the chart on the following page.

Steps

1.

2.

3.

4.

D. **Steps** to beginning work on action goal.

Question	Action 1	Action 2	Action 3	Action 4
What is going to be done?				
Who is going to do it?				
When is it going to be done?				
To or for whom is it going to be done?				
What will indicate that it has been done?				
What evaluation method will determine how well plans have been carried out?				

E. Look over your proposed actions. What two concerns are raised by your plans? Explain how you will resolve or deal with them. For example, will your program director support your plan? Does your current workload allow time to implement your plan?

1. Concern

   Way(s) to Deal with or Resolve:

2. Concern

   Way(s) to Deal with or Resolve:

YOU HAVE NOW DEFINED YOUR GOAL AND ACTION PLANS AND CONSIDERED ISSUES THAT AFFECT THEIR IMPLEMENTATION. USE THE FOLLOWING PAGES TO STATE YOUR PERSONAL ACTION PLAN.

PERSONAL ACTION PLAN

NAME: ____

DATE: ____

I. Job environment problem and/or personal job performance problem.

II. Goal statement:

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III. Action(s) to be taken:

1. What will be done:

2. When will it be done:

3. Who will do it:

4. To or for whom will it be done:

5. Criteria for evaluation:

6. Evaluation method:

IV. A statement about the values (personal or social) upon which this action plan is based. What issues, if any, are raised or dealt with by your plan? (Complete this section if it seems relevant to you.)

APPENDIX

PSYCHOMETRIC TESTS

PSYCHOMETRIC TESTS

Often the subjective process of interviewing a client to assess personality, skills, and interests will not yield sufficient objective information. Such information is essential for the specialist to plan with the client for vocational counseling, training or job placement. Psychological tests provide an important adjunct to observation and interviewing, and help to compensate for some of the shortcomings of these two assessment techniques.

Although tests are a valuable tool in the assessment of treatment needs, they should never be used or relied upon as a substitute for careful interviewing, nor should they be administered or interpreted by untrained personnel. No test is better than the person who interprets its results. The potential difficulties arising from incautious use of such tests demand that they be administered and interpreted with the utmost care.

Even though you may not be trained to administer or interpret psychological tests, it is important that you know something about tests most commonly reported in clients' records. It is also important to know what tests are available for which diagnostic purposes so that you can request tests for clients who are difficult to assess. The following types of tests are most commonly used to supplement other diagnostic procedures:

- Personality tests--objective
- Personality tests--subjective
- Intelligence tests
- Vocational tests

PERSONALITY TESTS--OBJECTIVE

Objective tests of personality are used widely for both treatment and research. They are designed to obtain information about many different personality traits quickly, simply, and inexpensively. Most of these tests are based on true-false or multiple-choice questions that can be answered on a self-administered test form, usually in an hour or less. They can be given to clients either individually or in a group and do not require a trained staff member for either administration or scoring. Because these tests are inexpensive and simple to use, they have been administered to many thousands of people prior to, during, and after treatment. (An overall picture of the client's scores on each of the many test scales, a test profile, is obtained.) By comparing a client's test profile with profiles obtained from other clients and research subjects, a trained person can learn a great deal about a client's treatment needs. All of these tests require that clients respond to questions truthfully, but most of them have built in validity indicators or "lie detector" scales designed to identify clients who try to create an unusually favorable or unfavorable picture of themselves. The most widely used tests in this category are the Minnesota Multiphasic Personality Inventory (MMPI), the California Psychological Inventory (CPI), the Edwards Personality Preference Schedule (EPPS), and the Adjective Check List (ACL).

Minnesota Multiphasic Personality Inventory (MMPI)

Known familiarly as the MMPI or the "Mult," this is the oldest, best known, and most widely used test in this category. It consists of 566 true-false questions such as, "I like to read mechanics magazines" or "My sex life is satisfactory." It is scored by comparing each client's answers to the answers given by people with known psychiatric problems. For example, a client would receive a high score on the scale measuring "Depression" if his answers were the same as the ones given to these questions by people receiving treatment for depression.

Although the questions seem straightforward and vulnerable to deceptive responses, it is difficult for clients to create the impression they want. For example, most people would think that answering "true" to the question, "I often cross the street to avoid meeting someone I don't like," might be an indication of paranoia. In fact, diagnosed paranoid clients are more likely to answer "false" to this item. The important thing to remember about this test is that the client responses per se are not as important as whether or not the responses are similar to those given by people with certain problems.

As an assessment tool for treatment planning, the MMPI can be particularly useful in the identification of clients who may be likely to commit suicide or to be dangerously agressive. It is also extremely useful in the detection of psychosis and in the assessment of a client's potential for benefitting from psychotherapy. In the hands of a skilled interpreter, it may be further utilized in the detection of organic disorders and psychiatric problems.

California Psychological Inventory (CPI)

The CPI was developed from the MMPI and has many of the same questions. It is somewhat shorter than the MMPI and takes a little less time to complete. Since it focuses on healthy aspects of the personality, rather than on psychopathology, it is less commonly used as a diagnostic tool. For this very reason, however, it is an excellent test to use in conjunction with the MMPI to obtain a more balanced picture of a client's strengths and weaknesses.

As in the MMPI, clients are scored on the CPI by comparing their answers with those given by individuals with specific personality assets. For example, the test profile for the CPI includes scores on "Self-control," "Responsibility," "Tolerance," "Flexibility," and "Social Presence." It also taps such areas as clients' "Intellectual Efficiency"-- which indicates not how smart they are, but how well they use whatever intelligence they have -- and such traits as "Achievement via Conformity" and "Achievement via Independence" -- which indicate whether clients function better on their own or as part of a group. Clearly, these are the important factors that should be taken into consideration in any treatment planning process.

Edwards Personal Preference Schedule (EPPS) Adjective Check List (ACL)

Although they are constructed quite differently and call for different kinds of responses to the test items, these two inventories are discussed together because they both provide information about the client's personality traits and needs. Instead of focusing on problems or personality assets, however, these tests yield scores that reflect the client's self-image.

The EPPS is based on a series of multiple-choice questions in which clients are asked to choose which of two alternatives they would prefer. The ACL consists of a list of 300 adjectives from which the client is asked to select those that describe him. Both tests take considerably less time to complete than either the MMPI or the CPI. The ACL is particularly easy to administer because it takes no more than ten or fifteen minutes to complete and is considered enjoyable by most clients.

Personality profiles based on these tests give information about clients' needs for assertiveness, dependency, aggressiveness, helpfulness, and for praise or punishment. Again, because these tests do not focus on psychopathology, they are less commonly used in diagnostic assessment than the MMPI. However, both are useful in diagnosis because they tap various aspects of the personality that might otherwise be overlooked. Using such tests, it may be possible to discover that an apparently fiercely independent client would like nothing more than a relationship in which he could be dependent. The value of such information in treatment planning cannot be overestimated.

PERSONALITY TESTS-- PROJECTIVE

Projective tests of personality are based on the simple idea that a person will tell you something about himself (will project aspects of his personality) when asked to use his imagination. Thus, just as one person describes a bottle of wine as half-full and another describes the same bottle as half-empty, projective testing assumes that different people will see things differently or interpret things differently according to their particular personality traits.

In contrast to objective tests, projective tests must be administered and scored by highly trained personnel. Except under special circumstances, usually in research, projective tests must be administered individually by the same person who will later score and interpret the results. Projective testing, therefore, is a time-consuming and expensive undertaking. In some mental health settings, a battery (or group) of projective tests is administered routinely to all clients at the time of treatment intake, but in most cases projective tests are requested to accomplish specific diagnostic tasks. In drug abuse treatment, they should be used primarily with clients who are suspected to be psychotic or organically impaired and, to a lesser extent, with clients who appear severely depressed or potentially violent or suicidal. The most widely used projective tests are the Rorschach, the Thematic Apperception Test (TAT), the Bender-Gestalt, and the Sentence Completion Test.

Bender-Gestalt

The Bender-Gestalt is used almost exclusively to determine the nature and extent of organic impairment or brain damage, and asks clients to reproduce from memory a series of geometric figures. The other projective tests involve the client in some imaginative activity, and differ from one another primarily in the manner in which that activity is described.

Rorschach

The Rorschach was the first projective test developed and it is probably still the most widely used. It is often referred to as the "ink-blot test" because clients are shown ten cards (some in color, some in shades of black, grey and white) that resemble patterns made by pouring ink in the fold of a piece of paper and smearing it about to make an abstract design. The cards are presented to clients one at a time, and they are asked to describe what they see in each card. Scoring and interpretation of the Rorschach is based on what the client describes, how many different things are "seen," and most important, on the basis of "where" each thing is seen and why it appears to the client the way it does. To give just one example, some clients may focus their attention on the whole blot and describe a scene made up of many parts; others may concentrate on some minute detail of the blot or describe each separate part as if it stood alone from all the rest. To the trained diagnostician, these differences in perceptions of the Rorschach cards may help assess various aspects of personality or pathology that may otherwise be extremely difficult to identify.

Thematic Apperception Test (TAT)

Unlike the Rorschach, in which clients are asked only to describe what they "see," the TAT calls for clients to make up stories. They are presented with a series of drawings and photographs of people and places, and asked to tell a story about what they see, what has led up to it, and about what will happen next. In some of the pictures it is difficult to make out clearly what the characters are doing, whether they are men or women, or what some of the objects or places are. Thus, because the pictures are highly ambiguous, people see them differently and tell quite different stories.

The scoring and interpretation of the TAT is based on many things, including the way each client interprets the pictures themselves. But, most important are the themes of the stories told. Again, to give but one example, some clients may tell stories in which the main character does things because of inner needs and wants, because things are important to that character. Others may tell stories in which the main character does things only because of external pressure or to satisfy the wishes of others he wants to please. The TAT gives an unusually rich picture of clients' innermost thoughts and beliefs about the way the world works. In the hands of a skilled diagnostician, and particularly when it is given along with the Rorschach, it can be an extremely useful diagnostic tool.

Sentence Completion Test (SCL)

The SCL is the simplest and most straightforward of the projective tests described; it requires little explanation. Clients are given the beginning of a sentence, called the "stem," and are asked merely to complete the sentence. For example, a stem common to a number of sentence completion tests is "My mother . . . ." If a sentence completion test were designed specifically for use in a drug abuse treatment program, it might include the stem "Since I started using drugs . . . ." In short, stems are designed to elicit answers from clients about issues that are relevant to their feelings, attitudes, and behavior. Many such tests are available or can be modified or designed to meet specific program needs.

INTELLIGENCE TESTS

Although it is very difficult to define intelligence operationally, many tests have been developed to measure it. Most of these tests were originally developed for educational use to assess students' abilities, but today their use has extended to employment screening and treatment planning as well.

In general, intelligence tests compare an individual's ability to perform certain intellectual tasks against the performance of a large number of other individuals. If his performance exceeds the average score for his age group, he is said to be "above average" in intelligence.

The form and content of such tests may vary considerably but, in general, they are concerned primarily with such things as memory, verbal skills, quantitative skills, and problem-solving abilities. Some also measure the ability to perform a number of tasks involving nonverbal abilities such as maze problems, jigsaw puzzles, and similar tasks. As operationally defined in these tests, intelligence is thus viewed not as a single attribute but as involving many different levels of intellectual functioning.

There is good reason to believe that the ability to perform well on intelligence tests may be, at least partially, a function of the individual's educational and socio-economic background. Since many of the items require the use of skills acquired through formal education, the tests tend to be biased against those with little or no educational attainment. Similarly, many clients from racial minorities and from impoverished backgrounds tend to do poorly on these tests even if they have a high degree of native intelligence. Also, clients who are unaccustomed to taking tests or who become anxious in a testing situation may perform below their true capacity on such tests. For these reasons, it is important to be sure that intelligence tests are carefully administered and interpreted. Used improperly, they can do much damage; used correctly, they can add significantly to the treatment planning process. Two of the most commonly used intelligence tests, the Stanford-Binet and the Wechsler Adult Intelligence Scale, will be discussed here.

The Stanford-Binet Intelligence Scale

Probably the most well-known of all psychological tests is the Stanford-Binet Intelligence Scale developed in 1890 by Alfred Binet and later expanded by Lewis Terman (of Stanford University) in 1910. Binet was the first to devise a method for distinguishing between "bright" and "dull" children. The test is designed to measure the intelligence level of children (from age two) and adults. Norms were established independent of minority groupings, but these have since been somewhat modified. Because of this and the problems indicated above, caution should be used in interpreting scores derived from such tests.

The Standord-Binet operationally defines intelligence in terms of seven major attributes or content areas. They are:

1. Language: the naming of objects, rhymes
2. Reasoning: orientation, verbal absurdities
3. Memory: sentences, numerical sequences

4. Conceptual: similarities, proverbs
5. Social intelligence: comprehension, picture absurdities
6. Numerical reasoning: making change, ingenuity
7. Visual-motor: form board, square copying

The Stanford-Binet was developed with the idea that the mind functions as an interwoven unit, with each of the above facilities contributing to one's total intellectual functioning. Since Binet viewed intelligence as a steady growth process, he proposed a scale or ladder of tasks. The scale is constructed so that each successive question is more difficult because the testee gains experience by solving the previous items.

In administering the tests, the examiner attempts to start the subject on easy tasks (questions), usually those at a level of a year below his actual, chronological, age, (lower if he is suspected to be below average). The subject moves upward, level by level, until at some level he fails all the subtests. Levels are spaced six months apart for children from ages two to five, one year apart for those from age five, and even more widely apart for subjects above the age of fourteen.

The level reached on the ladder is called the mental age. The intelligence quotient is a ratio determined by expressing the chronological age in months, dividing it into the mental age in months, and moving the decimal point two places to the right. Therefore, a child of chronological age (CA) seven (84 months) and mental age (MA) seven, would thus have an IQ of 100; a child of CA ten (120 months) and MA twelve years six months (150 months) would have an IQ of 125, and so on.

Although the Stanford-Binet may be used with adults as well as children, it is most commonly used with children. The above discussion, then, may be referenced when reviewing a client's academic record that reports Stanford-Binet test results of the client at an early age. The more commonly used measure of adult intelligence is the Wechsler Adult Intelligence Scale.

The Wechsler Adult Intelligence Scale (WAIS)

Since the Stanford-Binet was designed primarily for use with children, there was a need for a more adequate assessment instrument for adults. Responding to this need, Wechsler, in 1955, developed a test more suitable for the adult population. His test, the WAIS, became widely accepted and was adopted as the standard assessment instrument by many institutions and individual diagnosticians.

Like Binet, Wechsler viewed intelligence as a complex phenomenon resulting from biological development and experience. Although his conception of intelligence was similar to Binet's, he felt the need to establish separate scores for each of the tasks making up the individual's total performance.

On the WAIS items are divided into two major categories: verbal and performance. Each category contains a series of subtests designed to measure separate components of intelligence. They are:

Verbal	Performance
• Information	• Block design
• Comprehension	• Picture completion
• Arithmetic	• Picture arrangement
• Similarities	• Object assembly
• Vocabulary	• Digit symbol
• Digit span (memory)	

The verbal category subtests are self-explanatory in terms of the tasks required; they are primarily a measure of factual information, reasoning and analytical abilities, and memory. The performance category requires the person being tested to look at various pictures or designs and choose the order in which they should appear. Usually a story is told in three or more cartoon panels presented in random order; the person arranges them in their proper order. The task is one that essentially involves the identification of a complex whole from disorganized parts. These tests make limited demands on verbal ability but, as such, are especially helpful in identifying problems such as organic impairment and educational deprivation.

The procedure for administering the WAIS is comparatively simple; it takes approximately one hour. The examiner is permitted to administer the subtests in the order of his choosing to accommodate the person's interests and reactions.

VOCATIONAL TESTS

Vocational testing is a highly specialized field in which different kinds of tests are used to measure skills, aptitudes, interests, and dimensions of personality that relate to success in different jobs.

The Kuder Occupational Interest Survey (KOIS)

The KOIS is a test of vocational interests that has one hundred items. Each item lists three activities. The client must select his most and least preferred activity in each group of three choices. These items come under ten major categories: Outdoor, Mechanical, Computational, Scientific, Persuasive, Artistic, Literary, Musical, Social Service, and Clerical. Based on the pattern of responses, scores are computed on twenty-two different occupational scales such as engineer, farmer, minister, etc. High scores on these scales do not mean that the person is necessarily well-suited to a particular occupation, but only that he has a pattern of interests conducive to those occupations.

The Strong Vocational Interest Blank (SVIB)

Another widely used test in vocational assessment is the SVIB. It, too, asks for an indication of preferences among a variety of alternatives, but it differs from the Kuder in that it is scored by comparing an individual's answers with those of people who are successful in different occupations. Thus, a person who scores high on the SVIB engineer scale, for example, does so because he likes to do the same kinds of things that successful engineers to. Scores on the SVIB are harder to fake than those on the Kuder and, partly for this reason, the SVIB is considered to be the best vocational interest test available today.

The Differential Aptitude Tests (DAT)

This is a widely used battery of tests designed to measure aptitude for different kinds of work. Included in the DAT battery are tests measuring ability to perform a variety of clerical and mechanical skills. A similar and widely used test, the General Aptitude Test Battery (GATB) measures, in addition, motor coordination, manual dexterity, quantitative ability, and is designed to ascertain aptitudes to perform tasks required in specific jobs.

Other Tests

In addition to these broad-gauged aptitude tests there are many others that measure specific job-related skills. Of these, the most reliable are "work sample" tests in which individuals actually work on the job for a period of time to determine their ability to perform the required tasks.

Among personality tests used for vocational screening, the Holland system is the most widely used. This test yields scores on six scales: realistic, intellectual, social, conventional, enterprising, and artistic. Based on their test profile, individuals are assumed to be especially well-suited for particular occupations. Someone who scores high on the realistic scale, for example, would do well in highly structured jobs involving the use of tools, motors, and other objects. But, they would not do well in jobs involving leadership, close personal relationships, abstract thinking, and verbal interactions. Likewise, someone scoring high on the conventional scale would do well on jobs involving clerical and computational tasks, but would not be well-suited for jobs involving aggressive salesmanship, verbal persuasion, or close interpersonal relationships. In the interpretation of results on this and similar personality tests, it is important to remember that high scores on these scales do not mean that the person has the ability to perform the required tasks for the occupations in question, but rather that he does possess certain traits and predispositions that are compatible with or conducive to the selection of jobs in specific vocational areas.

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